CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Death

2. Form No. if available:

3. Type—(cards, paper, etc.) Bound Book

4. Dates:

5. Volume accumulated yearly:

6. Size of Record: Misc.

7. Number of copies made: One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center Micro. Perm.

c. Total 12 yrs. and Micro. Perm.

10. Equipment and space freed.

11. In your opinion does this record have any historical significance? YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center Microfilm Permanent

c. Total 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

Records Management Officer: C P Force Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR — Frank C. Bogue

2. APPROVED: CITY SOLICITOR — Thomas B. Finan

3. APPROVED: CITY COMPTROLLER — Hugh A. Brown

4. APPROVED: CITY TREASURER — John E. [illegible]

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — Bernard Tuchman

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — W. A. Hunter

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE — Carl N. Everstine

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-30—M. & T.—250 Bks.

E 63111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63111

117

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. ST., 9.17 WARD)

2-FULL NAME Gilbert Smith

(a) RESIDENCE NO. ..... White Marsh Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Josephine Smith

6 DATE OF BIRTH (month, day, and year) March 9th 80

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Automobile Balto. Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Klausmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Maryland

14 Informant Josephine Smith
(Address) White Marsh Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-3, 1930, to 12-7, 1930, that I last saw living alive on 12-7, 1930 and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendicitis
Peritonitis

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 12-5-30

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M. Blumenthal, M. D.

, 19 (Address) St. Mary's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Michaels Cemetery	Dec. 1930
20 UNDERTAKER Frederick Lassahn Sons	ADDRESS 4401 Belair Rd.

9 1930 C. HAMPSON JONES, M. D.
Filed ....19.... Registrar

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63112

CERTIFICATE OF DEATH

E 63112

101-001

27-48

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., _____ Ward)

2-FULL NAME Elizabeth May Sutton

(a) RESIDENCE NO. 536 Radnor Ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16/1906

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	24	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Secretary
(b) General nature of industry, business, or establishment in which employed (or employer) Hospital Dept.
(c) Name of employer

009

9 BIRTHPLACE (city or town) _____
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Richard S. Sutton

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER May Gamhausen

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Balto.,Md.

14 Informant Mrs. Mabel Wells,
(Address) 536 Radnor Ave

15 1930 C. HAMPSON JONES, M. D. Registrar
Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/30 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Cardiag Failure

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Walker, M. D.

Dec 9/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Dec 11 1930

20 UNDERTAKER Geo. W. Little

ADDRESS 2700 Edmondson ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9

Spec.—1-30—M. & T.—250 Bks

E 63113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63113

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 W. Fayette St. ST. 19-27 WARD)

2-FULL NAME Alma Mueller

(a) RESIDENCE No. 820 W. Fayette St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George Mueller.

6 DATE OF BIRTH (month, day, and year) March 29, 1874.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Gebhardt

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Matilda Rasso

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Louis Stein
(Address) 5610 Mineline Rd.

15 FILED ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

9 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930, to Dec 8, 1930, that I last saw h alive on Dec 8, 1930 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

Dec 9 1930 (Address) 2687 Mat Sinai Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 12/10/30 19

20 UNDERTAKER Harry V. Little

ADDRESS 1101 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 63114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63114

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 W Franklin ST., 19-27 WARD)

2-FULL NAME Kate Laumann

(a) RESIDENCE NO. 1100 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Ferdinand Laumann

6 DATE OF BIRTH (month, day, and year) May 1846

7 AGE: Years 84 Months 7 Days ___ If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Louis C Laumann

(Address): Fullerton Md

15 Filed 12/9 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 1930, to Dec 9 1930, that I last saw her alive on Dec 9 1930, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds. Unknown

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W A O'Neill M. D.

12/9 1930 (Address) 108 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 12/12/1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Druid Hill Ave

CAUSE OF DEATH is the plain facts, so that it may be properly classified. Date of certificate TION is very important. See instructions on back of certificate.

C 9 1930

Spec.—2-29-25—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63115

CERTIFICATE OF DEATH

REGISTERED NO. 117 E 63115

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) ST., 9-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie Reiter

(a) RESIDENCE NO. 301 E 22nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip E. Reiter

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35		11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. W. Sheridan

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose Ella Keller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Reg. 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1930, to Dec 8, 1930, that I last saw h e alive on Dec 8, 1930 and that death occurred, on the date stated above, at 10¹⁵ P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis with peritonitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Pulmonary embolus (duration) yrs. mos. few minutes ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Nov 27 1930

Was there an autopsy? No

What test confirmed diagnosis? operation & clinical

(Signed) Robert V. Clemente M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 12/11/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 Paul St

Spec.—1-30—M. & T.—250 Bks

E 63116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63116

CERTIFICATE OF DEATH.

129

REGISTERED NO. 19-216

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway ST., ... WARD)

2-FULL NAME Kearfott, William

(a) RESIDENCE NO. 115 N. Carey Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lida Kearfott

6 DATE OF BIRTH (month, day, and year) Sept. 21 / 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	18	

8 OCCUPATION OF DECEASED 086

(a) Trade, profession or particular kind of work Retired Secret

(b) General nature of industry, business, or establishment in which employed (or employer) Service Agent

(c) Name of employer U. S. Govt

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John P. Kearfott

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va.

12 MAIDEN NAME OF MOTHER Mary S Drek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va

14 Informant Lida W. Kearfott
(Address) 115 N. Carey St

15 Filed 9 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from November 3d, 1930, to December 9, 1930, that I last saw him alive on December 9, 1930, and that death occurred, on the date stated above, at 2:45 a m.

The CAUSE OF DEATH* was as follows:

Uraemia with chronic Interstitial Nephritis (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis (duration) ✓ yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? NOT KNOWN

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? NPN 0,2699.

(Signed) Vernon H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shepherdstown W. Va

DATE OF BURIAL 12/11/ 1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Pratt St

Spec.—1-30—M. & T.—250 Bks.

E 63117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63117

75-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 337 Gorsuch ST., W 20-69 WARD

2-FULL NAME Annie Van Meegers

(a) RESIDENCE NO. 337 Gorsuch ST., WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Geo. Widowed

6 DATE OF BIRTH (month, day, and year) July 13-1863

7 AGE Years 67 Months 5 Days 29 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Emanuel Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rockenmont

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John L. Meegers Son
(Address) 337 Gorsuch

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9/30

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Dec 7, 1930, that I last saw her alive on Dec 7, 1930, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia — Arteriosclerosis —

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Geller Hunning M. D.

12/9 1930 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 12/10/1930

20 UNDERTAKER F. S. Wilfert

ADDRESS 1850 N. Bacon St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63118

CERTIFICATE OF DEATH.

90 E 63118
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Calvert Ave ST. 25 WARD 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Murphy

(Residence in Baltimore: No. 1316 Calvert Ave St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (~~Write the word.~~) Single

6-DATE OF BIRTH, August 15 (Month) 1850 (Day), 1 (Year)

7-AGE 80 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Delaware Md.

PARENTS.

10-NAME OF FATHER, Joe Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Clark

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Murphy

(Address) 1316 Calvert Ave

15-

C. HAMPSON JONES, M. D.

Filed 1930, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 8th (Day), 1930 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1930, to Dec 8 1930, that I saw him alive on Dec 8 1930, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Thos. A. Woodson M. D.

Dec 9, 1930 (Address) 3610 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 12/11/30 191...

20-UNDERTAKER C. B. Nuppert

ADDRESS 1300 Eutaw Place

important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63119 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63119

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST., 26-36 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Johnson

(a) RESIDENCE NO. Cor. Lombard & 11th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 4, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Weiskettle & Sons

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) France

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar .....

C. HAMPSON JONES, M.D.

DEC 9 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7-30

17 I HEREBY CERTIFY, That I attended deceased from 11-13-30, 19..., to 12-7-30, 19..., that I last saw him alive on 12-7-30, 19..., and that death occurred, on the date stated above, at 10:50 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) ..... yrs. ..... mos. 38 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget, M. D.

12-8. 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 12/10, 1930

20 UNDERTAKER H. Wisehart, Boo Eutaw Place

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63120

E 63120

CERTIFICATE OF DEATH

REGISTERED NO. 13-5

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Hickory Av. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie P. Hubbard

(a) RESIDENCE NO. 3606 Hickory Av. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16-873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	11 10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 669

(c) Name of employer

9 BIRTHPLACE (city or town) Japa
(State or country)

PARENTS

10 NAME OF FATHER Robert C. Hubbard

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Barber

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Rob Hubbard
(Address) 3606 Hickory Av

15 Filed C. HAMPSON JONES, M. D., 19 Registrar

9 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7-1930

17 I HEREBY CERTIFY That I attended deceased from Oct 6, 1930, to Dec 7, 1930, that I last saw her alive on Dec 7, 1930 and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Herbert Hoff, M. D.

12/9. 1930 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Dec 10 1930

20 UNDERTAKER H. S. Marshall — ADDRESS 3539 Falls Rd

Spec.—9-30—A. & Co.—250 Bks.

E 63121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63121

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Monastery Ave ST. 20-69 WARD)

2 FULL NAME Gretzen Herrmann

(a) RESIDENCE No. 3 N. Monastery Ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Herrmann

6 DATE OF BIRTH (month, day, and year): Sept. 13-1860

7 AGE: Years 70 Months 2 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Nikolaus Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Wm Groome
(Address) 3 N. Monastery Ave

15 Filed Dec 9 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Dec 8, 1930 that I last saw her alive on Dec 8, 1930 and that death occurred, on the date stated above, at 1 30 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
indefinite
(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exams

(Signed) F. T. Kyser M. D.

, 19 (Address) 2321 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem.

DATE OF BURIAL: Dec 11 1930

UNDERTAKER: Wm H. Valentine

ADDRESS 2326 AIKEN ST.

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63122

CERTIFICATE OF DEATH

74-001 E 63122

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 N. Luzerne Ave. ST., 6-10 WARD)

2—FULL NAME Eleanor Brown Burris

(a) RESIDENCE NO. 434 N. Luzerne Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

a If married, widowed, or divorced—
HUSBAND of
(or) WIFE of James H. Burris

6 DATE OF BIRTH (month, day, and year) Apl. 26. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	85	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James A. Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah MacNulty

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Mr. Edward Burris
(Address) 603 Ensor St.

15 Filed 9 1930 G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Dec. 8. 1930~~

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Dec 8, 1930, that I last saw her alive on Dec 8, 1930 and that death occurred, on the date stated above, at 3:40 AM

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Gradual
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilton, M. D.

12/9/1930 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 12/12 1930

20 UNDERTAKER Shepherd & Sons 424 N. Broadway

Spec.—1-30—M. & T.—250 Bks.

222550 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 001

E 63123 CERTIFICATE OF DEATH. 100E 63123

REGISTERED NO. 28-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME C. Herbert Hynes

(a) RESIDENCE NO. 4112 Academy ave ST., Arlington WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Wht.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lucille Hynes

6 DATE OF BIRTH (month, day, and year) Apr 16-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J. F. Hynes

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert P. Hynes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Herbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Date C 10 1930 Filed HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7-1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930, to Dec 7, 1930, that I last saw him alive on Dec 7-1930, and that death occurred, on the date stated above, at 5²⁰ Am.

The CAUSE OF DEATH* was as follows:

Cerebral edema of unknown etiology — question of brain tumor but exploration bed found

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Right Craniotomy 11-11-30, Right Craniotomy 11-28-30

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Fred W. Geil, M. D.

, 19 (Address) The Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec 10 1930

20 UNDERTAKER J. Th. Lankford, Sons

ADDRESS Baltimore

Spec.—1-30—M. & T.—250 Bks

E 63124

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 63124

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway ST., 7-13 WARD)

2-FULL NAME Fink, Harry

(a) RESIDENCE NO. 815 North Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M. Fink.

6 DATE OF BIRTH (month, day, and year) 1880 Apr. 13

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Charles Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Margaret Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Patient
(Address)

15 Filed 10 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from December 1, 1930, to December 9, 1930, that I last saw him alive on December 9, 1930, and that death occurred, on the date stated above, at 1:15 A.M.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary) Epithelioma, scrotum

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? No biopsy

(Signed) Oscar C. Hubbard, M. D.

, 19 (Address) 409 Cornwall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 13, 1930

20 UNDERTAKER Wm Fletcher Sons — ADDRESS North Pa

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198 E 63125

E 63125

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Enroute Hopkins Hospital St., 7-13 Ward)

2-FULL NAME James Holland

(a) RESIDENCE NO. 1721 Ashland Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19/1902

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Harry Holland

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Harrisburg, Pa.

12 MAIDEN NAME OF MOTHER Mary Lucas

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto., Md.

14 Informant Mary L. Holland
(Address) 1721 Ashland Ave.

15 Filed ..... C. HAMPSON JONES, M. D.
Per ..... Registrar

C 10 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to stab wound of femoral vessels
(Inquest Dec 10/30)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? yes
What test confirmed diagnosis? .....
(Signed) [illegible], M. D.
Dec 9 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 12-10 1930

20 UNDERTAKER Byron & Wright 1218 McElderry

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63126

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-08 E 63126

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1636 E. Monument ST., 9-9 WARD)

2-FULL NAME Blanche Hutchins

(a) RESIDENCE NO. 1636 E. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10 May 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer Private Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md.

12 MAIDEN NAME OF MOTHER Annie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Thomas Hutchins
(Address) 1636 E. Monument St.

15 Filed C. HAMPSON JONES, M. D.
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 Dec. 30

17 I HEREBY CERTIFY, That I attended deceased from 27 Nov., 1930, to 7 December, 1930, that I last saw he alive on 7 " 1930, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows: Acute Bronchitis

Acute Nephritis (duration) — yrs. — mos. ^ ds.

CONTRIBUTORY (Secondary) Exhaustion [redacted] (duration) yrs. mos. ^ ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Mayfield Boyd M. D.

8/12/30 (Address) 1029 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Dec 10 1930

20 UNDERTAKER Edward Bryon

ADDRESS 163 Orleans St

1-30—M. & T.—100 B—50L

E 63127

HEALTH DEPARTMENT—CITY OF BALTIMORE

88

E 63127

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Sarah Ann ST., 425 WARD)

2-FULL NAME Sarah Walters (Paul Waters)

(a) RESIDENCE No 617 Sarah Ann ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Sarah Duffy
(Address) 707 W. Saratoga St.

15 Filed ..... 19..... C. HAMILTON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 - 19 30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Eugene Feiler, M. D. Coroner

12/9, 19 30 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 12-10 19 30

20 UNDERTAKER Daniel Canton

ADDRESS 916 Pa ave.

Spec.—1-30—M. & T.—250 Bks.

E 63128

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-002

E 63128

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST. 18-76 WARD)

2-FULL NAME Esther Oberman

(a) RESIDENCE NO. 1239 E Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Louis Oberman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant L. Levine
(Address) 1439 E Balto St

15 Filed DEC 10 1930 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/30

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1930, to Dec. 9, 1930, that I last saw her alive on Dec 9, 1930, and that death occurred, on the date stated above, at 2:35 m.

The CAUSE OF DEATH* was as follows:
Cerebral thrombosis

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY generalized arteriosclerosis
(Secondary)
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Archer Robert Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Cemetery

DATE OF BURIAL 12-10 1930

20 UNDERTAKER Jacob Levin

ADDRESS 1439 E Balto St

Size—12-23-21—E.P.R.S.—400 Eks.

E 63129

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 63129

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1007 W Lexington St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Price

(a) Residence No. 1007 W. Lexington St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: B

5-Single, Married, Widowed, or Divorced, (Write the word.): —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 11-29-30

7-AGE ..... yrs. ..... mos. 10 ds. If LESS than 1 day ..... hrs. or ..... min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

000

9-BIRTHPLACE (city or town) Baltimore Md
(State or Country).

PARENTS

10-NAME OF FATHER, Ernest Price

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country).

12-MAIDEN NAME OF MOTHER, Dolores Price

13-BIRTHPLACE OF MOTHER (city or town) Maryland
(State or Country).

14- (Informant) Dolores Price
(Address) Maryland

15- Filed ..... 192 .....

G. HAMILTON JONES, M. D.
Registrar.

EC 10 1930

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 8. 1930

17- I HEREBY CERTIFY, That I attended deceased from Nov 29, 1930 to Dec 8, 1930 that I last saw her alive on Dec 9, 1930, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:
Maternal Cyanosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Heart & Blood Wass.

(Signed) Morris Reiter M. D.

12/9, 1930 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Cemetery

DATE OF BURIAL, Dec 10, 1930

20-UNDERTAKER. Mrs Katie A. Williams

ADDRESS 322 N. Schroeder St

instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63130

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 63130

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2651 W. North Ave ST. 15-68 WARD)

2-FULL NAME Joseph G. Taylor

(a) RESIDENCE No. 2651 W. North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elsie M. Taylor

6 DATE OF BIRTH (month, day, and year) Jan. 3 1884.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor&Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

PARENTS

10 NAME OF FATHER Samuel R. Taylor

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose Garvey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Alice Powers
(Address) 2651 W. North Ave

15 Filed DEC 10 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930, to Dec. 9, 1930, that I last saw ~~him~~ alive on Dec. 8, 1930, and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs.

(duration) 3 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Right Hemi & Facial Paralysis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Quincy Mass 4 yrs ago

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? auscultation

(Signed) E. L. Smith, M. D.

12/9. 1930 (Address) 1665 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 12 1930

20 UNDERTAKER George W. Zirkel

ADDRESS 1737 E. Eager St.

Spec.—1-30—M. & T.—250 Bks

E 63131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63131

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Jefferson ST., 5-9 WARD)

2-FULL NAME Chas Bissoe

(a) RESIDENCE No. 1417 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of or [redacted] of Belle Bissoe

6 DATE OF BIRTH (month, day, and year) June 10 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	—	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor 070
(b) General nature of industry, business, or establishment in which employed (or employer) Federal Reserve Bank
(c) Name of employer Mr. Cupid, Balto. Md

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER Wm. Bissoe
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Sarah Ennels
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Belle Bissoe wife
(Address) 1417 Jefferson St

15 Filed DEC 16 1930 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/8/30

17 I HEREBY CERTIFY, That I attended deceased from 12/4, 1930, to 12/8, 1930, that I last saw h~~im~~ alive on 12/8, 1930, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

12/9 1930 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL 12/12 1930.

20 UNDERTAKER Theodore C. White

ADDRESS 1135 S. Wolf St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63132

90

CERTIFICATE OF DEATH.

REGISTERED NO. E 63132

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4-26 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Miller

(a) RESIDENCE No. 737 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie

6 DATE OF BIRTH (month, day, and year) April 4, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 (?)	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Martin Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Bygolia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Records of (Address) Balto. City Hosp.

15 Filed C. 10 1930 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7-30

17 I HEREBY CERTIFY, That I attended deceased from 12-4-30, 19, to 12-7-30, 19, that I last saw him alive on 12-7-30, 19, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Heart disease, Arteriosclerotic. (duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency, angina (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home. 2. Hospital.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Podgell, M. D.

12 8, 19 30 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Dec 10 1930

20 UNDERTAKER Chas B. Kuchaurtis

ADDRESS 637 S. Paca St

HON. IS very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 63133

CERTIFICATE OF DEATH

E 63133

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balt City Hos St. 76-37 Ward

2-FULL NAME Samuel Redd

(a) RESIDENCE NO. 921 Bayless St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Redd

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
55	unknown		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER Bentley Redd

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country) Bentley Redd

12 MAIDEN NAME OF MOTHER Celenia Smith

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Maria Redd
(Address) 921 Bayliss St

15 Filed ..... 19 ..... C. HARRY JONES, M. D. Registrar

10 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Left Lung — Hospital
..... (duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton M. D.

Oct. 19 30 (Address) 700 E. Lang

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cashmere Cemetery — DATE OF BURIAL Dec. 10 1930

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1726 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 63134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63134

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St., 16-22 Ward)

2-FULL NAME Alfred F. Sadler

(a) RESIDENCE NO. 238 N Fulton Ave St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	x Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of x Sarah W. Sadler

6 DATE OF BIRTH (month, day, and year) Mar 15 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) x
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Frederick Sadler

11 BIRTHPLACE OF FATHER (city or town) Frederick Md
(State or country)

12 MAIDEN NAME OF MOTHER Marietta E Wehde

13 BIRTHPLACE OF MOTHER (city or town) Howard Co
(State or country)

14 Informant Sarah W Sadler
(Address) 238 N Fulton Ave

15 Filed DEC 10 1930 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fibrinous Myocarditis
Senile Arteriosclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenlon, M. D.

Dec 9, 1930 (Address) Tower Chamber

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 12 1930
20 UNDERTAKER F Vernon Kechner	ADDRESS 1522 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63135

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST., B-5 WARD)

2-FULL NAME Chiara Catherine Laforteza

(a) RESIDENCE No. 1020 E. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 18 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	11	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falling Water W. Va

PARENTS

10 NAME OF FATHER Ruff Laforteza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Frain Swedenski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martinsburg W. Va

14 Informant Tony Rosa

(Address) 1020 E Lombard St

Filed DEC 10 1930, 19 HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1930, to Dec 8, 1930, that I last saw her alive on Dec. 8, 1930, and that death occurred, on the date stated above, at 4^40 p.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma (duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N B Blue M. D.

12/8 1923 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cmetry

DATE OF BURIAL Dec 11, 1930

20 UNDERTAKER J. Thomson & Bro

ADDRESS 1127 E Baltimore St

Cor.—10-10-29—A Co.—100 Bks.

E 63136

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63136

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH 817 S Ellwood

City of Baltimore: (No. ~~Margaret Paulus~~ St. 1-1 Ward)

2-FULL NAME Margaret Paulus

(a) RESIDENCE NO. 817 S Ellwood St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fmal	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Paulus

6 DATE OF BIRTH (month, day, and year) Aug 8 1865

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	65	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 37
(b) General nature of industry, business, or establishment in which employed (or employer) Home work
(c) Name of employer At home

9 BIRTHPLACE (city or town) _____
(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Germany

14 Informant Mary Carroll
(Address) 3305 Scott St

15 Filed Dec 1 1930 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Adam Stokes Syndrome

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M H Pentson, M. D.

12 P. 19 (Address) 105 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Dec 12 1930

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 4030 W Lafayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 16 1930

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63137

CERTIFICATE OF DEATH.

117 E 63137

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 2-4 WARD)

2-FULL NAME Thomas W. McDonough

(a) RESIDENCE NO. 2009 E. Bank ST., 2 WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male M	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	41	11	28 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter on

(b) General nature of industry, business, or establishment in which employed (or employer) Pile driver

(c) Name of employer Harbor board Balto Md

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Anthony Watkins Sister
(Address) 1914½ E 31 St. Balt.

Dec 1 1930 C. BALDWIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to Dec 8, 1930, that I last saw him alive on Dec. 8, 1930 and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:
Acute intestinal obstruction

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Appendicial abscess
(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec. 5.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Geo. J. Brooks Jr., M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cadtheral Cemetery	Dec 12th 1930
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc	403 S Wolf St

FROM BACK OF CERTIFICATE. See instructions on back of this form. This is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 63138

E 63138

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Wilkens ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Mullaney

(a) RESIDENCE NO. 2812 Wilkens ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Mullaney

6 DATE OF BIRTH (month, day, and year): Nov 1, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
73	73	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cumberland Md.

PARENTS

10 NAME OF FATHER: George Barth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Martin A Mullaney
(Address) 2812 Wilkens St.

15 Filed C 10 1930 19 H. L. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1930, to Dec. 9, 1930, that I last saw her alive on Dec. 8, 1930, and that death occurred, on the date stated above, at 9 20 a.m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? C

(Signed) Joseph Tenney M. D.

19 (Address) 800 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cat Laurel Cemetery

DATE OF BURIAL: Dec. 12th 1930

20 UNDERTAKER: Lilly & Zeiler N.E. 463 S Wolfe St

ADDRESS

Spec.—9-30—A. & Co.—250 Bks

E 63139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 63139

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. Barre ST. 77-30 WARD)

2-FULL NAME Jessie H. Piereman

(a) RESIDENCE No. 111 W. Barre ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry D. Piereman

6 DATE OF BIRTH (month, day, and year) Sept. 3, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Elkridge,
(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel H. Burns

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Hill

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Lucy A. Burns
(Address) 1912 Darley Ave.

15 10 1930 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1930, to Dec. 9, 1930
that I last saw HER alive on Dec. 9, 1930
and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(duration) Indefinite yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. R. Campbell M. D.

12/10, 1930 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Melville Cemetery - Elkridge Md.

DATE OF BURIAL Dec. 11 1930

20 UNDERTAKER John L. Denny

ADDRESS 715 Light St.

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63140 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74-001 E 63140

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Longwood Road ST. 27-58 WARD)

2—FULL NAME Evelyn Westlake Wilmer

(a) RESIDENCE NO. 107 Longwood Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel G. Wilmer

6 DATE OF BIRTH (month, day, and year) June 16, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Indiana, (State or country) Pa.

PARENTS

10 NAME OF FATHER J. Willis Westlake

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Devonshire, England

12 MAIDEN NAME OF MOTHER Ada Brown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Del.

14 Informant Mr. Samuel G. Wilmer
(Address) 107 Longwood Road

15 Filed C. HARRISON JONES, M. D. 19 Registrar

10 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10th 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930, to Dec 10th, 1930, that I last saw her alive on Dec 9th, 1930 and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage due to Arterial Hypertension, & causing Hemiplegia & Coma

(duration) — yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Jeffersonian Brook M. D.

12/10, 1930 (Address) 5. Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Dec. 12, 1930

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Plac

Important: See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181-001

E 63141

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Bolton ST., 14th WARD)

2-FULL NAME Armstrong Thomas

(a) RESIDENCE No. 1605 Bolton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca E.

6 DATE OF BIRTH (month, day, and year) Mar 21-1874

7 AGE Years 56 Months 8 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. W. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fantalena Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Rebecca E. Thomas
(Address) 1605 Bolton

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

10 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above, from Possibly (Suicidal or Accidental Gas)

The CAUSE OF DEATH was as follows: Asphyxia

Secondary (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gas from Range

(duration) ..... yrs. ..... mos. ..... ds. Possible accident or Suicide

18 Where was disease contracted if not at place of death? Rigid investigation

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Reasonable

(Signed) T. Rogers Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec 11, 1930

20 UNDERTAKER John O. Mitchell & Sons

ADDRESS 1900 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

E 63142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63142

CERTIFICATE OF DEATH.

129

REGISTERED NO. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Poplar Grove ST. WARD)

2-FULL NAME Margaret J. Gilchrist

(a) RESIDENCE NO. 724 Poplar Grove ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Gilchrist

6 DATE OF BIRTH (month, day, and year) Aug. 31-1866

7 AGE: Years 64 Months 3 Days 8

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Hutchinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jas. J. Gilchrist

(Address) 724 Poplar Grove

15 Filed DEC 10 1930, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8/30

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 19 30, to Dec 8th, 19 30,

that I last saw him alive on Dec 8, 19 30,

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocardial Degeneration

Generalized Arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Ulcerative Colitis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) W. Michel, M. D.

Dec 9, 19 30 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec 11 19 30

20 UNDERTAKER: Margaret D. Flynn

ADDRESS: 1422 Light St.

FIGN IS Very Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63143

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 63143

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Tivoly Ave. ST. 9-46 WARD)

2-FULL NAME Amelia A. Aubrey

(a) RESIDENCE NO. 2712 Tivoly Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John S. Aubrey

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1852.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Medford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Ethel C. Mielke
(Address) 2712 Tivoly Ave.

15 Filed 10 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to Dec 9, 1930, that I last saw her alive on Dec 9, 1930, and that death occurred, on the date stated above, at 1 30 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

12/10, 1930 (Address) 723 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 12/12/30

20 UNDERTAKER Harry A. Witzke 4101 Edmondson Ave.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63144

X 129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 12-49 WARD)

2-FULL NAME George L. Barnes

(a) RESIDENCE No. Girdle Tree, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs Geo. L. Barnes

6 DATE OF BIRTH (month, day, and year) Ap. 14 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Mr. Geo. W. Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mrs Evaline Justice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Union Memo Hosp.
(Address) Balto

Filed Dec 10 1930, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1930, to Dec 10, 1930, that I last saw h. alive on Dec 10, 1930, and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Chronic Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Electrocardiogram

(Signed) Francis W. Gluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Girdle Tree Md

DATE OF BURIAL 12/10 1930

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St

CAUTION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63145

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 63145

CERTIFICATE OF DEATH

REGISTERED NO. 1014

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Mary Knapp

(a) RESIDENCE NO. 1051 Asquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James Knapp

6 DATE OF BIRTH (month, day, and year) May 22nd 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Caubfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Survivor Nolan

(Address) 704 Cathedral St

15 Filed ..... 19 ..... Registrar

C 10 1930 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1930, to Dec. 9, 1930 that I last saw he alive on Dec. 9, 1930 and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH* was as follows:

Pyelitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) H. Ashman, M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 12/12/1930

20 UNDERTAKER Wm. Cook

ADDRESS 1217 St Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63146

90 E 63146

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 112 S. Albemarle St., 3-5 Ward)

2-FULL NAME Frank T. Smith

(a) RESIDENCE NO. 112 S. Albemarle St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1859

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
70	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) old
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) W. Va

PARENTS

10 NAME OF FATHER Wm. Smith

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Unknown

12 MAIDEN NAME OF MOTHER M. M. Dubel

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) W. Va.

14 Informant Mrs. Ella J. Smith
(Address) 521 E. 20th St

15 Filed _____, 19_____ W. HAMPSON JONES, M. D.
A.O.H. Registrar

DEC 10 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocarditis
(Chronic)

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) _____
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

12 10. 1930 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Cathedral Cem.

DATE OF BURIAL 12/11 1930

20 UNDERTAKER
Glenn Lemmon

ADDRESS 4011 Park Heights Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63147

92

CERTIFICATE OF DEATH.

REGISTERED NO. 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Windsor Ave ST.) (WARD)

2-FULL NAME Margaret Elizabeth Gettier

(a) RESIDENCE NO. 3000 Windsor Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. W. Gettier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann M. Shultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant E. Lee Gettier
(Address) 3000 Windsor Ave

15 Filed 1930 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 9, 1930, that I last saw her alive on Dec 9, 1930 and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no Physical Exam

What test confirmed diagnosis?

(Signed) C. J. Fort, M. D.

(Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Dec 1930

20 UNDERTAKER Wm J. Dickerson Sons

ADDRESS North & Pa

C 11 1930

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 63148

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63148

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) German Aged Home St. 70-27 Ward)

2-FULL NAME Amos Ford

(a) RESIDENCE NO. German Aged Home St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Irean Ford

6 DATE OF BIRTH (month, day, and year): October 2, 1852

7 AGE: Years 78 Months 2 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Barber
(b) General nature of industry, business, or establishment in which employed (or employer): cot
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Ford

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susan Baker

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country): Maryland

14 Informant: German Aged Home Records
(Address): Baltimore & Payson Sts.

C. HAMPSON JONES, M. D.

15 Filed _____ 19 _____ Registrar _____

DEC 11 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 9, 1930 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1930, to Dec 8, 1930, that I last saw him alive on Dec 8, 1930, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart disease "Mitral Stenosis" arteriosclerosis —

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical

(Signed) R. Keller Henning, M. D.

12/9, 1930 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec. 11, 1930

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 West Baltimore St

Very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63149 ✓ + 100-001 E 63149

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST. 4 WARD 7)

2-FULL NAME John Schmidt (Smith)

(a) RESIDENCE NO. Stemmers Run Rd. ST., Balto. Co., Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catherine Schmidt

6 DATE OF BIRTH (month, day, and year) 2 2 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Care Taker

(b) General nature of industry, business, or establishment in which employed (or employer) Shore 086

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country) Md

PARENTS

10 NAME OF FATHER William Schmidt

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

14 Informant Hospital Record
(Address)

15 Filed EC 11 1930 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-30

17 I HEREBY CERTIFY, That I attended deceased from 12-8, 1930, to 12-10, 1930, that I last saw him alive on 12-10, 1930, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy prostate

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko, M. D.

12/10 1930 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 12/12/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63150

E 63150

CERTIFICATE OF DEATH

88

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 W. Belvedere Ave WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myron H. Kent

(a) RESIDENCE NO. 3606 Belvedere Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Freda Kent

6 DATE OF BIRTH (month, day, and year) Nov 2 1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
45	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman 078

(b) General nature of industry, business, or establishment in which employed (or employer) Unit Railway.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Oscar Kent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Francis Whaley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Wife Freda Kent
(Address) 3606 W Belvedere Ave

Filed DEC 11 1930, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1930, to Dec 9, 1930, that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 2 45 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis. Probably Ulcerative. with Embolism of Coronary artery. Lesion from Lifelong history. Brain exists (duration ... ds.

CONTRIBUTORY (Secondary) Edema of lungs (duration Several hours

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Objective + Subjective

(Signed) G. W. Beckley, M. D.

, 19 (Address) 3337 Belvedere Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Dec 12 1930

20 UNDERTAKER John A. Denny

ADDRESS 715 Light St

Important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

63151

HEALTH DEPARTMENT—CITY OF BALTIMORE

37-001 E 63151

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (NO. ..... ST. 25-75 WARD .....

2-FULL NAME Fringer Dunson

(a) RESIDENCE NO. 3823 S. Hanover st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thornton Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed DEC 11 1930 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1930, to Dec. 9, 1930, that I last saw him alive on Dec. 9, 1930, and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Acute miliary tuberculosis

(duration) ....yrs. ....mos 14 ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(duration) ....yrs. 5 mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner, M. D.

12-9, 1930 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mariview Cem Md

DATE OF BURIAL 12-11 1930

20 UNDERTAKER Paul T. Carlin

ADDRESS 916 Eu ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63152

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 63152

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 18-29 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Murray

(a) RESIDENCE No 1017 Booth ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baxter Mack

(Address): 1017 Booth

15 Filed ..... 1930 HARRISON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) D. J. Blunk, M. D. Coroner

Dec 9 1930 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 12-11-1930

20 UNDERTAKER: Dennis Carter

ADDRESS: 916 Pa ave

CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63153

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63153

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1629 Orleans ST. 6-9 WARD)

2-FULL NAME Rosa Hurwitz

(a) RESIDENCE NO. 1629 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barach Hurwitz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Leo Levin
(Address) 1439 E. Orleans St.

15 Filed DEC 1 1930 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1930, to Dec 10th, 1930, that I last saw he alive on Dec 10th, 1930, and that death occurred, on the date stated above, at 10 15 A m.

The CAUSE OF DEATH* was as follows:

Chr. Vascular Disease (Rheumatic)

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Michael A. Abramson M. D.

12-10, 1930 (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Hebrew

DATE OF BURIAL 12-10- 1930

20 UNDERTAKER Leo Levin

ADDRESS 1439 E. Orleans

THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63154

CERTIFICATE OF DEATH.

90 E 63154

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Harrison Ave. ST. 15-63 (WARD)

2-FULL NAME Jennie Borzlsky

(a) RESIDENCE NO. 3504 Garrison Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Borzlsky

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Rachel —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. Kaufman
(Address) [illegible]

15 Filed DEC 1 1930 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-30

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1915, to 12/10, 1930, that I last saw her alive on 12/10, 1930 and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows: Chronic Endocarditis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Characteristic

(Signed) David Strauchen M. D.

12/10, 1930 (Address) 1211 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Mt Lebanon Cem. Cem

DATE OF BURIAL 12-11-19 30

20 UNDERTAKER Geo. Heine 1439 Pratt St.

ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. 47—250 E 63155

E 63155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-46 WARD)

2-FULL NAME Joseph Amovitz

(a) RESIDENCE No. 1707 E. 29th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Lena Amovitz

6 DATE OF BIRTH (month, day, and year) July 1874

7 AGE: Years 56 Months 5 Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Abraham Amovitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Fruma Sokolof

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dep Records
(Address)

15 Filed ..... 19 ..... Registrar HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10/30

17 I HEREBY CERTIFY, That I attended deceased from 12/9/30, 19..., to 12/10/30, 19..., that I last saw him alive on 12/10/30, 19..., and that death occurred, on the date stated above, at 10 50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) G. Burns Alexander Jr. M. D.

12/10, 1930 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Cemetery

DATE OF BURIAL 12-11-1930

20 UNDERTAKER Jacob Lewis

ADDRESS 1439 E Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63156

90

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 173 W. Hamburg ST. 23-31 WARD)

2-FULL NAME Thomas Griffin

(a) RESIDENCE NO. 173 W. Hamburg ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Griffin

6 DATE OF BIRTH (month, day, and year) May-6-187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Weems Line

9 BIRTHPLACE (city or town) York Co
(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Lee

13 BIRTHPLACE OF MOTHER (city or town) York Co
(State or country) Virginia

14 Informant Maria Griffin
(Address) 173 W Hamburg

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-8-1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Dec 8, 1930, that I last saw him alive on Dec 8, 1930 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) Dan Drumheller, M. D.

17/9 1933 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion St

DATE OF BURIAL Dec 11 1933

20 UNDERTAKER C. L. Brown & Son

ADDRESS 108 N Monty

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Allred.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ E 63157

E 63157

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 N. Pentalow ST. 15-68 (WARD))

2—FULL NAME Joe. B. Allred

(a) RESIDENCE NO. 2036 N. Pentalow ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mattie L. Allred

6 DATE OF BIRTH (month, day, and year) July 7/1891

7 AGE: Years 39 | Months 5 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l Painting

(c) Name of employer: M Fagotte

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Franklin Allred

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Mary Hundley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Mrs Mattie L. Allred
(Address) 2036 N. Pentalow St

15 Filed ___ 19___ H. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/30

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1930, to Dec. 10, 1930, that I last saw him alive on Dec 9, 1930 and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows: Gastritis, Nephritis & Myocarditis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Failing Heart (duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) E. Smith, M. D.

12/10, 1930 (Address) 1606 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Henderson N. G.

DATE OF BURIAL: Dec 13 1930

20 UNDERTAKER: W M Routson

ADDRESS: 223 S M mth.

Spec.—1-30—M. & T.—250 Bks

E 63158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63158

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 37-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Jones

(a) RESIDENCE NO. 5235 Reisterstown Road, WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Horace A Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucille G. Scribner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Horace A Jones (Address) 5235 Reisterstown Rd

15 Filed DEC 11 1930 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 '30.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Dec 9, 1930, that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 10 mos da.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Tom B. Wright, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

DATE OF BURIAL Dec 12 1930

ADDRESS 2238 N Mitchell

20 UNDERTAKER W M Houston

SEE INSTRUCTIONS ON BACK OF CERTIFICATES. THIS is very important.

Spec.—1-30—M. & T.—250 Bks

E 63159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63159

111-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (NO. 1514 Division ST. 15-21 WARD)

2-FULL NAME Julia Chase

(a) RESIDENCE NO. 1514 Fremont Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Chase

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert County Md.

PARENTS

10 NAME OF FATHER Augustus Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Grace Chase
(Address) 1514 Fremont Ave

15 Filed DEC 11 1930 19 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10/30

17 I HEREBY CERTIFY, That I attended deceased from 11/25, 1930 to 12/10, 1930, that I last saw her alive on 12/10, 1930, and that death occurred, on the date stated above, at 7 05 A. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

12/10, 1930 (Address) 900 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St John's Cemetery Lusby Md.

DATE OF BURIAL 12/13/1930

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Pks.

E 63160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63160

57

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1410 Druid Hill ST., 14-20 WARD)

2-FULL NAME Malvina Thomas

(a) RESIDENCE NO. 1410 Druid Hill ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Thomas

6 DATE OF BIRTH (month, day, and year) April 15-1872

7 AGE: Years 58 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Amos Madden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Inez Eade
(Address) 1410 Druid Hill Ave

15 DEC 11 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/8 1930

17 I HEREBY CERTIFY, That I attended deceased from 11/12, 1930, to 12/8, 1930, that I last saw her alive on ....., 19..., and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus with Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burt R. Butler, M. D.

12/10, 1930 (Address) 2/3 D. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Luke's Reist-town, Md.

DATE OF BURIAL 12/11/1930

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1431 Druid Hill Ave

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63161

CERTIFICATE OF DEATH

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hosp ST., 1-2 WARD)

2-FULL NAME E. Franklin White

(a) RESIDENCE No. 106 S. East Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie White

6 DATE OF BIRTH (month, day, and year) Oct. 23/1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Repairman
(b) General nature of industry, business, or establishment in which employed (or employer) C. & P. Tel. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Shores

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Lillie White
(Address) 106 S. East Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1930.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage- Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], Coroner, M. D.

Dec 10/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL [redacted] 30

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

C. HARRISON JONES, M.D.

1 1930

Spec.—1-30—M. & T.—250 Bks

E 63162

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 63162

CERTIFICATE OF DEATH.

REGISTERED NO. 27-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4416 Kavon Ave ST., WARD

2-FULL NAME Chas. A. Smith

(a) RESIDENCE No. 4416 Kavon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~3~~ yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Smith

6 DATE OF BIRTH (month, day, and year) June 8/1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Millhand

(b) General nature of industry, business, or establishment in which employed (or employer) Die setter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm F. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna C. Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Eliz A. Smith

(Address) 4416 Kavon Ave

15 Filed 1930 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/30

17 I HEREBY CERTIFY, That I attended deceased from 12-1-, 1930, to 12-9, 1930, that I last saw him alive on 12-9, 1930, and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris.

(duration) yrs. mos. ds. 1

CONTRIBUTORY (Secondary) Coronary Thrombosis.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) J. J. Singer M. D.

(Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem

DATE OF BURIAL Dec. 19 30

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

C 1 1 1930 19 C. HARPSON JONES, M. D.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 63163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63163

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Ensor St. 10-14 WARD)

2. FULL NAME Missouri Cummings

(a) RESIDENCE NO. 712 Ensor St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 67 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Simon Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie De Vall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles Cummings
(Address) 712 Ensor St.

15 I Hereby Certify, that I have this day registered the death of the person named above in accordance with the laws of the State of Maryland and the rules and regulations of the Health Department of Baltimore City.

DEC 11 1930 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930, to Dec 7, 1930 that I last saw ~~he~~ she alive on Dec 7, 1930 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E. Magnus M.D.

Dec 8, 1930 (Address) 625 Schroder

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Dec. 12 1930

20 UNDERTAKER: Chas. W. Johnson ADDRESS: 457 N. Carolina St.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 63164

E 63164

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH Children's Hospital School

CITY OF BALTIMORE: (No. Green Spring Ave, ST. 4-25 WARD)

2—FULL NAME Frank Kastelovitch or Kasdelevitch

(a) RESIDENCE NO. 236 N Pearl ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 11 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Kastelovitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kovna Lithuania

12 MAIDEN NAME OF MOTHER Eva Butanas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kovna Lithuania

14 Informant Sister Eva Krausman
(Address) 920 Holland St. H. B.

15 Filed C. BAMPSON JONES, M. D. 19 ..... Registrar

11 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 - 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Dec 10, 1930 that I last saw him alive on Dec 10, 1930 and that death occurred, on the date stated above, at 10 35 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Amyloid Degeneration

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X ray

(Signed) A. Campbell Thompson M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec. 13 - 1930

20 UNDERTAKER John Ezeblinaccpas

ADDRESS 423 S. Bond St.

Spec.—1-30—M. & T.—250 Bks.

E 63165

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 W. Lee ST., 22-30 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Hicks

(a) RESIDENCE No. 639 W. Lee ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lewis Hicks

6 DATE OF BIRTH (month, day, and year): March ? 1862

7 AGE: Years 58 | Months 9 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Daniel Brashears

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary Chapman
(Address) Poplar Mount Md.

15 Filed C 1 1 1930 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10/30

17 I HEREBY CERTIFY, That I attended deceased from 11/27, 1930, to 12/9, 1930, that I last saw her alive on 12/9, 1930, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 2
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation
Hypertension (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John O'Neill M. D.

, 19 (Address) 1088 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Dec 13 1930

20 UNDERTAKER: John N Toadvine

ADDRESS 1027 Druid Hill

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103

E 63166

CERTIFICATE OF DEATH

E 63166

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No.) St. Jos. Hosp St., W-69 (Ward)

2-FULL NAME John Wm Stephey

(a) RESIDENCE NO. 2152 Hollins St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 Color or Race: W
5 Single, Married, Widowed or Divorced (write the word): Divorced

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis Kuon

6 DATE OF BIRTH (month, day, and year): Mar 25 - 1883

7 AGE: Years 47 Months 8 Days 17 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Pennsylvania RR
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Louis Stephey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Hazel Strallon
(Address) 2152 Hollins St

15 Filed DEC 11 1930 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Due to he was drug left road into radiator ditch & gas throwing him out

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(a) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mercy Hosp & Frederick

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. D. Frank M. D.

12/11. 1930 (Address) 1939 Mt Edney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pen Mar. Penna — DATE OF BURIAL: 12/12 1930

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63167

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE; (No. Wilkens & Caton Avenue ST., 70-69 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Allewalt

(a) RESIDENCE NO. 2100 Pennsylvania Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (Life) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mrs Julia Allewalt

6 DATE OF BIRTH (month, day, and year): May 17-1879

7 AGE: Years 51 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): Meat

(c) Name of employer: Kohnapp. Co

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Chas Allewalt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary M Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Julia Allewalt
(Address) 2100 Pennsylvania Ave

15 Filed DEC 11 1930 19 ..... HANCOCK JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10th 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Dec. 10, 1930, that I last saw him alive on Dec. 10, 1930, and that death occurred, on the date stated above, at 12:25 P.m.

The CAUSE OF DEATH* was as follows:
Carcinoma Pancreas -

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 11/18/30

Was there an autopsy? no

What test confirmed diagnosis? operation.

(Signed) Robt Blevins, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 12/13/1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63168

45 E 63168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 1227 N. Gay St ST. 8-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Malilda Doyle

(a) RESIDENCE No. 1227 N. Gay St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) W.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jerold Doyle

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 637

(b) General nature of Industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Towson. Balto Co

PARENTS

10 NAME OF FATHER Ignatius Creager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Hannah Dettoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Ann Doyle (daughter)
(Address) 1227 N. Gay St

15 Filed 1930 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/30

17 I HEREBY CERTIFY, That I attended deceased from ....., 1930 to Dec 10 ....., 1930, that I last saw her alive on Dec 9 ....., 1930, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease heart

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Carcinoma - intestinal

..... (duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Milton S. Rosenthal, M. D.

..... 19 (Address) 30 & N. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12-12 1930

20 UNDERTAKER Dennis Easton

ADDRESS 716 Gay St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63169 -003 E 63169

CERTIFICATE OF DEATH.

REGISTERED NO. 1725

1-PLACE OF DEATH Provident Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ST. WARD)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. 1429 Penn. Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 30 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Olivia Savage (Sister)
(Address) 1429 Fremont Ave.

15 Filed DEC 11 1930 HARRY A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8/30

17 I HEREBY CERTIFY, That I attended deceased from 12/7, 1930, to 12/8, 1930, that I last saw him alive on 12/8, 1930, and that death occurred, on the date stated above, at 5 55 a. m.

The CAUSE OF DEATH* was as follows:
Meningitis (No Specific)

(duration) Unknown

CONTRIBUTORY (Secondary) Undetermined
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald, M. D.

12/8, 1930 (Address) 908 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Pt. Va

DATE OF BURIAL: 12-11-1930

20 UNDERTAKER: Robert V. Wilkins

ADDRESS: 1515 McCulloh St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63170

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 63170

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 1-3 WARD)

2-FULL NAME John W. Meyers

(a) RESIDENCE No. 515 S. Bradford ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Katie Myers

6 DATE OF BIRTH (month, day, and year) June 18, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER George Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky ?

14 Informant Hospital records.
(Address) C. HARPSON JONES, M. D.

15 Filed 1 1 1930 19.. R[redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-30

17 I HEREBY CERTIFY, That I attended deceased from 10-31, 1930, to 12-10, 1930, that I last saw him alive on 12-10, 1930, and that death occurred, on the date stated above, at 7 15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
Secondary carcinoma
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. Gerpke, M. D.

12/10, 1930 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Dec 13 1930

20 UNDERTAKER Lilly + Gilardie

ADDRESS 403 S. Wolfe St

THIS is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

85 ✓

E 63171

CERTIFICATE OF DEATH

E 63171

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Hudson ST., 1 WARD)

2—FULL NAME Margaret E. Gallagher

(a) RESIDENCE NO. 2903 Hudson ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Michael Gallagher

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thos. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Katherine A. Gallagher
(Address) 2903 Hudson St.

15 Filed 11-1930 C. HAMPSON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9th/1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930, to Dec. 9, 1930, that I last saw her alive on Dec. 9, 1930 and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Chronic Nephritis

(duration) yrs. mos. 6 ds.

Fracture rt. femur (hip)

CONTRIBUTORY (Secondary) (duration) yrs. mos. 15 ds.

over

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X-ray

(Signed) G. E. Tuppay, M. D.

, 19 (Address) 437 S. Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Dec. 13th 1930

20 UNDERTAKER Lily + Zeller Inc

ADDRESS 400 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks

E 63172 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-00 E 63172

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun 1-70 Ward)

2-FULL NAME Mr. Walter George

(a) RESIDENCE No. 528 N. Pine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Not married ~~Married~~

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year)

7 AGE 38 Years 10/12 | Months – | Days – | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Bessie George.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lodge
(Address)

C. HANSON JONES, M. D.
Registrar

Filed DEC 1 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-30

17 I HEREBY CERTIFY, That I attended deceased from 12-8, 1930, to 12-10, 1930, that I last saw him alive on 12-10, 1930, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of –

Was there an autopsy? No.

What test confirmed diagnosis? Exam. Sputum

(Signed) M. B. Schreber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Transferred to Potter's

20 UNDERTAKER Geo. H. Potter

12-13-30

DATE OF BURIAL DEC 1 1930

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner of Health
Baltimore, Maryland

...TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63173

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 63173

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 12-9 WARD)

2-FULL NAME John H. Bennett.

(a) RESIDENCE No 1625 N. Calvert St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred urban mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~WIFE of~~ HUSBAND of ~~(or WIFE of)~~ Lena Bennett.

6 DATE OF BIRTH (month, day, and year) Do nog know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 60	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker. 088
(b) General nature of industry, business, or establishment in which employed (or employer) Clement & Ball
(c) Name of employer Shoe Manufacture Co.

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Edward Weaver.

(Address) 1625 N. Calvert St.

C. HARPSON JONES, M. D.

15 11 1930 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 6, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Hemiplegia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Pennsylvania R. R. Station

Did an operation precede death? No. Date of December 6, 1930

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemhardt, M. D. Coroner

12/14 30 Address 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbus Ohio.

DATE OF BURIAL 12-11 1930

UNDERTAKER Bernard C. Harle

ADDRESS 1000 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63174

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63174

CERTIFICATE OF DEATH.

24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 4-N WARD)

2-FULL NAME Harry Cole

(a) RESIDENCE NO. 736 Waesche ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 7, 1909

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
21	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particuisr kind of work Laborer
(b) General nature of industry, business, or estsblishment in which employed (or employer) Not employed
(c) Nsme of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS
10 NAME OF FATHER Harry C. Cole
11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) Maryland
12 MAIDEN NAME OF MOTHER Susie Howard
13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Maryland

14 Informsnt Susie Cole
(Address) 736 Waesche St

15 Filed 1 1 1930 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to Dec 8, 1930, that I last saw h~~im~~ alive on Dec 8, 1930, and that death occurred, on the date stated above, at 4:25 A.m.

The CAUSE OF DEATH* was as follows:
Meningococcic Meningitis

(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) none
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? 736 Waesche St
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Spinal Puncture
(Signed) J. Peter Meranski, M. D.
, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Dec 11, 1930

20 UNDERTAKER Mrs Katie P. Williams — ADDRESS 322 N Schroeder St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63175 E 63175

CERTIFICATE OF DEATH.

129

REGISTERED NO. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 West 34th St. WARD)

2. FULL NAME Thomas A. Isaac

(a) RESIDENCE NO. 612 West 34th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, ~~Widowed~~, ~~or~~ Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary E. Isaac

6 DATE OF BIRTH (month, day, and year) Dec 25 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Andrew J. Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susan Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Mary Little
(Address): 612 W. 34th St.

15 DEC 11 1930 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Dec 9, 1930 that I last saw h~~im~~ alive on Dec 9, 1930 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Richard J. Davis M. D.

12/10 1930 (Address) 800 W 32nd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: 12/12/1930

20 UNDERTAKER: L. Walter Kaufe

ADDRESS: 3418 Chestnut Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 63176

E 63176

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. ST. 6-10 WARD)

2—FULL NAME Mrs. Annie Pernica

(a) RESIDENCE NO. 127 n. Duncan ST., WARD
(Usual place of abode) (If non-resident give city or town)

Length of residence in city or town where death occurred 40 yrs. ? mos. ds. How long in U. S., if foreign birth? yrs. ...

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Prokop Pernica

6 DATE OF BIRTH (month, day, and year) 1859 April

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71.	7.	14.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Not Obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Obtained

12 MAIDEN NAME OF MOTHER Anna Not Obtained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Daughter

(Address)

15 Filed 11 1930, 19 .. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 11, 1930, that I last saw her alive on Dec 11, 1930 and that death occurred, on the date stated above, at [redacted] m.

The CAUSE OF DEATH* was as follows:

Malignancy of Colon (Sigmoid)

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-10-30

Was there an autopsy? No

What test confirmed diagnosis? Operative

(Signed) H. Cushman, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL Dec 14 1930

20 UNDERTAKER August Parek

ADDRESS 2406 Ashland ave.

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63177

CERTIFICATE OF DEATH.

X 123

REGISTERED NO. 39

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balti Gen Hosp ST., 22 WARD)

2-FULL NAME Ida Davenport

(a) RESIDENCE No. 1267 Riverside ave ST., WARD N Carolina
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bruce Davenport

6 DATE OF BIRTH (month, day, and year) Oct. 12 - 1886

7 AGE: Years 44 Months 1 Days 29 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington Co N. Carolina

PARENTS

10 NAME OF FATHER John Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington Co N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant 127 Bruce Davenport (Address) Roper North Carolina

15 Filed ....., 19 .... HARRISON JONES, M. D. Registrar

11 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11/30

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1930, to Dec 11, 1930, that I last saw her alive on Dec 11, 1930, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism secondary to phlebitis rt leg 93

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cholelithiasis (duration) yrs. 14 mos. ds.

18 Where was disease contracted if not at place of death? Removal of Gall Bladder

Did an operation precede death? Yes Date of Nov. 22. 1930

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm J. Sullivan, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Dec 13 1930

20 UNDERTAKER Charles L. Stearns

ADDRESS 1501 E Fort Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

817 Hamilton Terrace

E 63178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63178

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 Hull St ST., 24-35 WARD)

2-FULL NAME Casper Bilgur

(a) RESIDENCE No. 1331 Hull St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E Finn

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Richard Bilgur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Stumpe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary E Bilgur
(Address) 1331 Hull St

15 Filed DEC 1930, 19 .. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to Dec 9, 1930, that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) 1 yrs. 10 mos 17 ds.

CONTRIBUTORY (Secondary) None
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettelson, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walbrook

DATE OF BURIAL Dec 12 1930

20 UNDERTAKER Charles L. Sturm

ADDRESS 2 Park Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks. Dr Wm G. Geyer 156 N. Milton Ave Woly 2148 ✓

E 63179 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90 E 63179

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Orleans St. 6-10 WARD)

2. FULL NAME. Margaret E. Meads

(a) RESIDENCE No. 2616 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Meads

6 DATE OF BIRTH (month, day, and year) Apr 24th 1834

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
96	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Gillis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md

14 Informant Geo. W. Meads
(Address) 2616 Orleans St

15 ..... 1930 C. HAMPSON JONES, M. D. Registrar
By RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 10, 1930

that I last saw her alive on Dec 9, 1930

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Senility - Bronchio Pneumonia

(duration) yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm G. Geyer, M. D.

19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 12/13/1930

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63180

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Linden Ave ST. 11-24 WARD)

2-FULL NAME Kate Tolou

(a) RESIDENCE No. 1313 Linden Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Tolou

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Julia Ann Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Grace Lactier
(Address) 1313 Linden Ave

Filed 11 1930, 19 .. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11-1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930 to Dec 11, 1930, that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthma
(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

12/11/1930 (Signed) Guy O McCleary M. D.
(Address) 400 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/15 1930

20 UNDERTAKER Geo F. Evans & Son

ADDRESS 11 W Mt Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 63181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63181

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 N. Charles St. 12-50 WARD)

2-FULL NAME Margaret R. Shipley

(a) RESIDENCE No. 2445 N. Charles ST., WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Shipley

6 DATE OF BIRTH (month, day, and year) May 19, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS
10 NAME OF FATHER Geo. Flower
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania
12 MAIDEN NAME OF MOTHER Mary Graham
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. Oscar Shipley
(Address) 2445 N. Charles St.

15 Filed 11-1930 C. HAMPSON JONES, M. D. Registrar
By RMA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1924, to Dec 11, 1930.
That I last saw her alive on 12/11, 1930.
and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Cardio Vascular disease (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W. J. Lane, M. D.
12/11, 1930 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. — DATE OF BURIAL Dec. 14 1930

20 UNDERTAKER Easton Dove — ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, signature of undertaker is not sufficient. See back of certificates.
TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63182

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. ..... WARD) 7-9

2-FULL NAME Frank Zikmund

(a) RESIDENCE NO. Turtle Creek Pa ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
5				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Joe Zikmund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Grace H. Vickas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records
(Address)

15 Filed 11 1930, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11/30

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1930, to December 11, 1930, that I last saw him alive on December 11, 1930, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:
Brain Tumor - cerebellar
cyst & glioma - malignant

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Evacuation craniotomy

Did an operation precede death? yes Date of Sept 21/30

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Fred W Geil, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Turtle Creek Pa — DATE OF BURIAL 12/12/30, 19

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63183

CERTIFICATE OF DEATH.

57 E 63183

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3350 Chestnut Ave ST 13-52 WARD)

2. FULL NAME Ida May Gorsuch

(a) RESIDENCE No. 3350 Chestnut Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Gorsuch

6 DATE OF BIRTH (month, day, and year) Aug 25 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Perry Gorsuch
(Address) 3350 Chestnut Ave

15 Filed Life C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 10, 1930 that I last saw her alive on Dec 10, 1930 and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Coma

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urine

(Signed) C. H. Hideyshore M. D.

19 (Address) 3350 Chestnut

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant Cemetery — DATE OF BURIAL Dec 12 1930

20 UNDERTAKER Chenoweth Son — ADDRESS 3415 Chestnut Ave

C 12 1930

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63184

129 E 63184

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3614 Paine St. ST 13-53 WARD)

2. FULL NAME Annie E. Spencer

(a) RESIDENCE NO. 3614 Paine St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emory E. Spencer

6 DATE OF BIRTH (month, day, and year) Jan 24, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Worth
(State or country) N. C.

PARENTS

10 NAME OF FATHER Isaac Ulrich

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Lovell

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Emory E. Spencer
(Address) 3614 Paine St.

15 Filed Dec. 12 1930 19 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-7, 1930, to 12-10, 1930 that I last saw her alive on 12-10, 1930 and that death occurred, on the date stated above, at 11 45 p.m.

The CAUSE OF DEATH* was as follows:

C.R. Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Thyroid Surgery

(Signed) C. F. Hodgen M. D.

12-11-1930 (Address) 5201 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Dec 12 1930

20 UNDERTAKER: Chenoweth Son

ADDRESS: 3615 Chestnut Ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 63185

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 791 W. Mulberry ST. 17-26 (WARD)

2-FULL NAME Nannie Ella Lee

(a) RESIDENCE NO 791 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29-1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Witfield Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lena Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. L. Lee
(Address) 791 W. Mulberry St.

15 Filed ..... 192 ..... HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9- 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Ingram Zeller, M. D. Coroner

12/11. 1930. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lion Cemetery

DATE OF BURIAL Dec. 12, 1930

ADDRESS 3224 Schroeder St

20 UNDERTAKER Mrs Katie R. Williams

1-30—M. & T.—100 B—50L

E 63186

E 63186

188-103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 1-3 WARD)

2-FULL NAME Robert Cooney

(a) RESIDENCE No 1109 S. Binnley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cooney

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Cooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Lamber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Maggie Finnety
(Address) 1109 S. Binnley st

15 Filed DEC 12 1930, 192... JAMES H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

CAUSE OF DEATH was as follows: Walked into side of moving auto fracture

@ (duration) ..... yrs. ..... mos. ..... ds. Skull

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Pratt & Paulsar

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Mann Coroner, M. D.

12 19 30 (Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL Dec 12 1930

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

TION is very important. See instructions on back of certificate.

DEC 12 1930

Spec.—9-30—A. & Co.—250 Bks.

E 63187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 63187

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 S. Decker ~~St.~~ Ave. WARD)

2. FULL NAME Adam Bannaszewski

(a) RESIDENCE No. 1217 S. Decker ~~St.~~ Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15 1899

7 AGE: Years 31 Months 11 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Henry Bannaszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Johena Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Steven Surzynski
(Address) 1217 S. Decker

15 Filed .....

16 C. HARRISON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11-30

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Decemb. 11, 1930, that I last saw him alive on Decemb. 10, 1930, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary and Laryngeal Tuberculosis

A.C. (duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of None

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Joseph A. Rosenblatt M. D.

12/11, 1930 (Address) 2018 O'Donnell St, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Holy Cross

DATE OF BURIAL Dec 15 1930

20 UNDERTAKER M. W. E. Dypski Inc

ADDRESS 27 S. Amel

TION is very important. See instructions on back of certificates.

C 1219

Spec.—1-30—M. & T.—250 Bks

E 63188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63188

89

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 E Balto St ST. 610 WARD)

2-FULL NAME Lorine Gilden

(a) RESIDENCE NO. 2116 E Balto St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Gilden

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) O/b

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lyman Gilden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis
(Address) 1439 Eutaw St

15 Filed ....., 19.... C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 12, 1930, that I last saw him alive on Dec 12, 1930, and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris, Cardiac Dilatation, pulmonary edema - Chronic

Duration (duration) 7 yrs. — mos — ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Nathan Hurwitz M. D.

, 1930 (Address) 417 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 12-12- 1930

20 UNDERTAKER Jos Levin, 1439 Eutaw St

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63189

161-002 E 63189

CERTIFICATE OF DEATH

REGISTERED NO. 15-21

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2668 Penna. Av ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patricia Ann Rowley

(a) RESIDENCE NO. 2668 Penna. Av. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4½ ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE WhR

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7th 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
			4½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Donald Rowley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chicago Ill

14 Informant Mrs Donald Rowley
(Address) 2668 Penna. Av

15 Filed Dec 12 1930 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1930, to Dec 12th, 1930, that I last saw him alive on Dec 11, 1930, and that death occurred, on the date stated above, at 4¾ a. m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum
Purse birth & prolapsed cord
Difficult reconstitution
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. H. Smith, M. D.

12/12 1930 (Address) 1605 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 12/12 1930

20 UNDERTAKER John J. Fahey Son

ADDRESS 1318 Eight St

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63190

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63190

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 26-37

2-FULL NAME Harry Aubrey

(a) RESIDENCE NO. none ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) June 4, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Metal worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Aubrey

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Clark

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed DEC 12 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11-30

17 I HEREBY CERTIFY, That I attended deceased from 12-30-26, 19..., to 12-11-30, 19..., that I last saw him alive on 12-11-30, 19..., and that death occurred, on the date stated above, at 3:15 A.m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic
(duration) 4 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgett, M. D.

12-12 19 30 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Dec. 13, 1930

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63191

E 63191

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 76-37

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Marshall

(a) RESIDENCE NO. None ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb.17,1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10 NAME OF FATHER Jesse Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Martha Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant Hospital Records

(Address) UNIVERSITY OF MARYLAND

15 Filed 12 1930 19 C. HAMPSON JONES, M. D. Registrar

3273

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 19 30, to Dec. 6, 19 30, that I last saw him alive on Dec. 6, 19 30, and that death occurred, on the date stated above, at 9.55 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Penne, M. D.

12-6, 19 30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 12 1930 19

20 UNDERTAKER Commissioner Health.

ADDRESS

THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63192

E 63192

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (NO. ..... ST. 4-26 WARD)

2-FULL NAME Clarence Allen

(a) RESIDENCE NO. 422 N. Pine st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Allen

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	31	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina ?

12 MAIDEN NAME OF MOTHER Charlotte ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address) UNIVERSITY OF MARYLAND

15 Filed DEC 12 1930, 19 ..... C. HAMPSON JONES, M.D. Registrar
By RRA
5272

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1930 to Dec. 9, 1930, that I last saw him alive on Dec. 9, 1930, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & ~~autopsy~~

(Signed) David Turner, M. D.

12-9, 19 30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~UNIVERSITY OF MARYLAND~~

DATE OF BURIAL ~~DEC 12~~ 1930

20 UNDERTAKER Commissioner Health

ADDRESS -

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63193

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore and Payson Streets

CITY OF BALTIMORE: (No. German Aged Home ST. 20-27 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Yost

(a) RESIDENCE No. German Aged home ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Ludwig Yost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Adelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records German Home.
(Address)

Filed 12 1930 . 19 C. HAMPSON JONES, M. D.
Ref. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11th 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug 11th 19 30. to Dec 10 19 30.
that I last saw her alive on Dec 10 19 30
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Hypostatic Pneumonia
Senile asthenia
(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

12/12 19 30 (Signed) Chas. Hemmes M. D.
(Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec. 13 1930

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63194

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63194

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home ST., Baltimore and Payson Street WARD) 30

2-FULL NAME Julia Koch

(a) RESIDENCE NO. German Aged Home ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 14 1850

7 AGE: Years 80 | Months 9 | Days 28. | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ~~John L. Koch~~

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Keil

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Records German Home
(Address) .....

15 Filed DEC 12 1930, 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11th 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1930, to Dec 11th, 1930, that I last saw her alive on Dec 11th, 1930, and that death occurred, on the date stated above, at 4.45 P.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Chronic Interstitial Heart Disease
Chronic Mental Disorder (Senile)
Asthma (duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Clinical
(Signed) Miller Hemming M. D.
12/13/30 19..... (Address) 2111 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Dec. 13 1930

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

TION is very important See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63195

243005 E 63195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 12-14 WARD)

2-FULL NAME Philip Nittinger

(a) RESIDENCE NO. 1806 Greenmount Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer) 085
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS
10 NAME OF FATHER Ernest Nittinger
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 12 1930, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10-1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1930, to Dec 10, 1930, that I last saw him alive on Dec. 10, 1930, and that death occurred, on the date stated above, at 6 00 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. approx. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11-29-30

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical Section

(Signed) J. A. Abercrombie, M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 12/13/1930

20 UNDERTAKER C. I. Fanning Son - 1938 E. Lafayette Ave.

TION is very important. See instructions on back of certificates.

Rec—12-23-2—E.B.R.S.—400 Bks.

E 63196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63196

CERTIFICATE OF DEATH.

91-002

15-67

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3016 Walbrook Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) Residence No. 3016 Walbrook Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white.

~~5-Single, Married,~~ Widowed, ~~or Divorced~~, (Write the word) Widowed

5a-If married, widowed, or divorced ~~the name of husband~~ WIFE of Walter W. Smith

6-DATE OF BIRTH (month, day and year) July 18, 1847

7-AGE. 83 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... mins.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Balto., Md.

PARENTS

10-NAME OF FATHER. Jacob Kripp

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Margaretta Genagle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany.

14- (Informant): Emma Smith
(Address) 3016 Walbrook Ave.

15- C. HARPSON JONES, M. D., Registrar.

DEC 13 1930

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 11, 1930

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1929 to Dec 11, 1930 that I last saw her alive on Dec 11, 1930 and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:
arteriosclerosis (generalized).

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) cardiac dilatation

(Duration) ..... yrs. ..... mos. 3 ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) George A. Kripp, M. D.

19 (Address) 3131 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL Dec 13 1930

20-UNDERTAKER. Wm J. Eckenrode Sons

ADDRESS N. Pa

If plain terms, so that it may be properly coded, see instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63197

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6508 Bel-Air Rd. ST. 27-42 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME U. S. Grant Peoples

(a) RESIDENCE No. 6508 Bel-Air Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. - mos. - ds. How long in U. S., if of foreign birth? 65 yrs. 5 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or WIFE of: Mary W. Peeples

6 DATE OF BIRTH (month, day, and year): June-30-1865

7 AGE: Years 65 | Months 5 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Proof-Reader
(b) General nature of industry, business, or establishment in which employed (or employer): The Sun
(c) Name of employer: The Sun

9 BIRTHPLACE (city or town) (State or country): Wilmington Delaware

PARENTS
10 NAME OF FATHER: Joseph Peeples
11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna
12 MAIDEN NAME OF MOTHER: Sydney Williams
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wilmington Del.

14 Informant: Mrs Mary W. Peeples (wife)
(Address) 6508 Bel-Air Rd

15 Filed ..... 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-11-30

17 I HEREBY CERTIFY, That I attended deceased from Dec-6, 1930, to Dec-10, 1930, that I last saw him alive on Dec-10, 1930, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Atrio Sclerosis
Paralysis of respiratory
Centri (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Asphyxia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Roy Jones, M. D.

, 19 (Address) 2802 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Dec-13, 1930.

20 UNDERTAKER: Stewart & Mason Co — ADDRESS: Balto Md.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63198

CERTIFICATE OF DEATH

188-103 E 63198

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Huron Mem Hos St. 13-57 Ward)

2-FULL NAME Clarence O. Stephens

(a) RESIDENCE NO. 2124 Woodbury St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie P Stephens

6 DATE OF BIRTH (month, day, and year) 8/19/80

7 AGE Years 50 Months 3 Days 23 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Wm Stephens

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Mollie P Stephens
(Address) 2124 Woodbury Ave

15 Filed ..... 19..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Free from Auto truck in which he was riding

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Woodbury Ave

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Frank, M. D.

12/13, 1930 (Address) 2939 111th Elderg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 12/15 1930

20 UNDERTAKER Shumowitz Son

ADDRESS 3615 Chestnut Ave

C 13 1930 C. HAMPSON JONES, M. D.

NOT FOR USE IN CASES WHERE CAUSE OF DEATH is not known or cannot be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 63199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63199

CERTIFICATE OF DEATH.

REGISTERED NO. 7-24-90v

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle ST. 7 WARD)

2. FULL NAME Biddie Elkerson

(a) RESIDENCE NO. 517 W. Biddle ST., WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE: Years 76 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Matron Age Women's Shelter
(Address) 517 W. Biddle St.

15 DEC 13 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 12, 1930 that I last saw her alive on Dec 12, 1930 and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettiman M. D.

19 (Address) 517 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL 12/13 19 30

20 UNDERTAKER: Samuel Hemsley

ADDRESS 518 W Biddle

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63200

CERTIFICATE OF DEATH.

129 E 63200

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 3801 Greenmount Ave. ST.; WARD.

2-FULL NAME Daniel A. Boone

(a) RESIDENCE. NO. 3801 Greenmount Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose E. Boone

6 DATE OF BIRTH (month, day, and year): not Known

7 AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Builder

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Caroline Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. A. Romano
(Address) 3801 Greenmount Ave.

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar.
By: A. H.

C 1 3 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 11 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1930, to Dec. 11, 1930, that I last saw him alive on Dec. 10, 1930, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH was as follows:

Chr. Brights Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Harry E. Wilson M. D.

, 19 (Address) 3 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Dec. 13 1930

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fake statement by UNDERTAKER THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63201 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 63201

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Belgian Ave ST. 27-47 WARD)

2-FULL NAME Anne Eliza Bangs

(a) RESIDENCE NO. 827 Belgian Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12th 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John F. Bangs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Kraucer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Alice A. Lambert
(Address) 827 Belgian Ave

15 ..... 19 C. HARRISON JONES M.D. Registrar.

137930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930, to Dec 12, 1930, that I last saw he alive on Dec 11, 1930, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Colitis (Terminal)

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H T Mitchell, M. D.

, 19 (Address) 31 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 12/15 1930

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185 E 63202

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St., 21-29 Ward)

2-FULL NAME George F. Russell

(a) RESIDENCE NO. 1130 Ward St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna Russell

6 DATE OF BIRTH (month, day, and year) May 8th 1856

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
74	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Harvey

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Matilda ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Chas H. Hirzheimann
(Address) Catonsville Md

15 Filed 12/17 1930 G. HANSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of neck of Femur by fall x Left Down Steps at Home Accident

(duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Finlay, M. D.

12/12/1930 (Address) 2002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 12/15 1930

20 UNDERTAKER Wm Cook

ADDRESS 127 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Dr Walter Cox 54 S. Fulton & Lombard st.

Sil 484

E 63203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63203

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Elderon Ave. St. 28-63 Ward)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Westenhofer

(a) RESIDENCE No. Arlington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or divorced ~~HUSBAND~~ of or) WIFE of Frank D Westenhofer

6 DATE OF BIRTH (month, day, and year) June 6th 1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife (37)

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Debus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Emma Catterton

(Address) 4011 Elderon Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 1930

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to Dec 12, 1930, that I last saw alive on Dec 11, 1930, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Walter A Cox, M. D.

12/12, 1930 (Address) 54 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL 12/15/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

12 1930

Spec.—1-12-28—M&L—500 Blks.

E 63204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63204

161-001

CERTIFICATE OF DEATH.

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3705 Sequoia ave ST. WARD

2-FULL NAME Baby Serger

(a) RESIDENCE NO. 3705 Sequoia ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 12-11-30

7 AGE: Years — Months 12 — Days — If LESS than 1 day 20 hrs or min 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City.

PARENTS

10 NAME OF FATHER: Peter Serger.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Jeffries

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Peter Serger. (Address) 3705 Sequoia ave

15 Filed 1-3 1930, 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12-1930

17 I HEREBY CERTIFY, That I attended deceased from 12-11-, 1930, to 12-12, 1930 that I last saw h~~im~~ alive on 12-11, 1930 and that death occurred, on the date stated above, at 12.30 P. m

The CAUSE OF DEATH* was as follows: Premature Birth,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical,

(Signed) J. D. Smart M. D.

12-12 1930 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 12/13 1930

20 UNDERTAKER: F. A. Schwarzenbach ADDRESS 703 Hamp

CHECK OF ... THIS is very important See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188 27-41 E 63205

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Enroute St. Joseph Hospital St., ... Ward)

2-FULL NAME Margaret Anna E. Stiegler

(a) RESIDENCE NO. 4319 Harford Ave St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis George Stiegler

6 DATE OF BIRTH (month, day, and year) June 6/1855

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	75	6	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Harford Co., Md.

PARENTS

10 NAME OF FATHER George Ernst

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Louis E. Stiegler
(Address) 4319 Harford Ave

15 Filed ..... 19..... A. HANSON JONES, M. D. Registrar

C 131930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured skull, arm & leg
Accidently struck by street car
at Harford & Glendale Aves
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

Dec 12, 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 12/15/1930

20 UNDERTAKER [illegible] & Son 2503 — ADDRESS Edmondson ave

Not should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-30—M. & T.—250 Bks.

E 63206

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

E 63206

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline St., ward 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walinski

(a) RESIDENCE NO. 215 So Bouldin St, WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Josephine E. Walinski

6 DATE OF BIRTH (month, day, and year) June 24 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Weisbitter Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Joseph Walinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuanian

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuanian

14 Informant Joseph E. Walinski (Address) 215 S. Bouldin St

15 Filed DEC 13 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11-30

17 I HEREBY CERTIFY, That I attended deceased from 11-26-30 19..... to 12-11-30 19.....,

that I last saw him alive on 12-11-30 19.....,

and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows: Idiopathic Purpura Hemorrhagica & Gangrene Rt Leg

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 12/9/30

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. H. Kennedy M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec. 15 1930

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 400 S Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63207

CERTIFICATE OF DEATH

REGISTERED NO. 90 E 63207

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 E. Balto ST., 6-10 (WARD)

2—FULL NAME Mary A. Murphy

(a) RESIDENCE NO. 2528 E. Balto. ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER John Murphy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Margaret Higgins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ellen E. Murphy
(Address) 2528 E. Balto St.

15 C. HAMPSON JONES, M. D.
1 3 1930 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12th 1930

17 I HEREBY CERTIFY, That I attended deceased from May 21 30 19 to Dec 12 19 30, that I last saw her alive on Dec 12 19 30 and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leo Hellen, M. D.

12/13 1930 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec. 15 1930

20 UNDERTAKER Lilly & Zeller Dir. — ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

E 63208

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 ✓ E 63208

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 E. Federal ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Pensel.

(a) RESIDENCE NO. 1433 E. Federal St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob C. Pensel

6 DATE OF BIRTH (month, day, and year) May 14, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Buschmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma Strott (Granddaughter)

(Address) 1433 E Federal St.

15 Filed 19

C. HAMILTON JONES, M. D.

Per RH Registrar

C 131930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12 - 1930

17 I HEREBY CERTIFY, That I attended deceased from December 3, 1930, to December 12, 1930, that I last saw her alive on Dec 11, 1930 and that death occurred, on the date stated above, at 5 29 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Decompensated)

Mitral Stenosis & Hypertension

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unknown

(Signed) Thos. F. O. Stevens, M. D.

12/12, 1930 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 12/1/30 19

20 UNDERTAKER George J. Roth Inc

ADDRESS 1730 Harford

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 63209 HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 63209

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 - N. Fremont St. 11-20 WARD)

2-FULL NAME Antonia Graziano

(a) RESIDENCE No. 1347 - N. Fremont ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Graziano

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt. 83-yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Graziano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Nicola Cosoa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Michael Graziano
(Address) 134 - N. Fremont St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar.
By .....

1 31930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 11, 1930, that I last saw b. alive on Dec 11, 1930, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Gladish M. D.

(Address) Dell 1930

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL 12/15/30

20 UNDERTAKER George J. Ruth Inc. — ADDRESS 1735 Hoff

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63210

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 VE 63210

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2214 - Cecil Ave ST. 9-46 WARD)

2. FULL NAME Mary V. Decker

(a) RESIDENCE NO. 2214 - Cecil Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Decker

6 DATE OF BIRTH (month, day, and year) 3/14/1850

7 AGE Years	Months	Days	If LESS than 1 day ....hrs. or 1 min.
80	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Christian L. M. Wolling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Hochstat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Wolling
(Address) 2214 Cecil Ave

15 DEC 13 1930 C. HAMPSON JONES, M. D. Registrar
By ..... DRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12, 1930

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1930, to Dec. 12, 1930 that I last saw her alive on Dec. 12, 1930 and that death occurred, on the date stated above, at 10:25 P. m.

The CAUSE OF DEATH* was as follows:

Myo-Carditis -

(duration) not definite yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma

(duration) Many years mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ..... Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Benj. S. Hayden M. D.

12/13/1930 (Address) 216 W. Cardinal St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 12/16/1930

20 UNDERTAKER George J. Puth Inc

ADDRESS 1732 Hanfor Ave

Spec.—1-30—M. & T.—250 Bks

E 63211 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63211

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD) 2-4

2-FULL NAME John E. McCurdy

(a) RESIDENCE NO. 1750 Eastern Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

6 DATE OF BIRTH (month, day, and year) April 18, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER James R. McCurdy

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Heeslin

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11-30

17 I HEREBY CERTIFY, That I attended deceased from 11-3-30, 19..., to 12-11-30, 19..., that I last saw him alive on 12-11-30, 19..., and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 3½ yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Metastases to lungs & peritoneum UNKNOWN (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Podgor, M. D.

12-12, 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Dec 15/30

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

C 131939 C. HARRISON JONES, M. D. Registrar

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 ✓

E 63212

E 63212

CERTIFICATE OF DEATH

REGISTERED NO. 48-76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 W Lexington ST. WARD)

2—FULL NAME Henry Ratz

(a) RESIDENCE NO. 929 W Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25 1854

7 AGE: Years 76 Months 4 Days 16 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): odd.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Catherine Strong
(Address) 929 W Lexington St

15 Filed ___, 19___ E. LAWSON JONES, Registrar.

EC 1310

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1930, to Dec 10, 1930, that I last saw h___ alive on Dec 10, 1930 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ___ yrs. ___ mos. 7 ds.

Pulm. Edema

CONTRIBUTORY (Secondary) (duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of?

Was there an autopsy?

What test confirmed diagnosis? X Ray

(Signed) J. Norwood, M. D.

Dec 10/30, 19 (Address) 934 W Fairview

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Dec 13 1930

ADDRESS 1534 Hollins St

20 UNDERTAKER: J. Vernon Hechner

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63213 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63213

31

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 682 W. Mulberry ST. 17-26 (WARD)

2-FULL NAME Maggie Lee

(a) RESIDENCE No. 682 W Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX X

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25, 1885

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory work

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Joseph Lumas Essex Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Lee

11 BIRTHPLACE OF FATHER (city or town) Essex Co (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Gray

13 BIRTHPLACE OF MOTHER (city or town) Essex Co (State or country) Md

14 Informant Jennette Lee
(Address) 682 W. Mulberry St.

15 DEC 12 1930, 19 .... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1930, to Dec 10, 1930, that I last saw her alive on Dec 9, 1930, and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) ....yrs. 9 mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. Cassady, M. D.

, 19 (Address) 15 Glaucy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec. 12, 1930

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63214

E 63214

88

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 16 [illegible]

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 22 Hope Street

CITY OF BALTIMORE: (No. 6 Carolina ST., WARD) 1 E. King, Saylor

2-FULL NAME Ella Brunson

(a) RESIDENCE NO. 562 N Carrollton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Brunson

6 DATE OF BIRTH (month, day, and year) June 10, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bedie Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edwin Taylor

(Address) 522 N. Eden St

Date Dec 13 1930, 19 HARPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-30

17 I HEREBY CERTIFY, That I attended deceased from 12-10-30, 19..., to 12-12-30, 19...,

that I last saw her alive on 12-12-30, 19...,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia with Myocarditis

(duration) ...yrs. ...mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) ...yrs. ...mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W B Hundley M. D.

19 (Address) 1 E Fremont Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middlesex Co. Va

DATE OF BURIAL Dec. 14, 1930

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

(See instructions on back of certificate. This is very important.)

Spec.—9-30—A. & Co.—250 Bks.

E 63215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-00 E 63215

REGISTERED NO. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Montebello Ave ST.) 9-46 (WARD)

2. FULL NAME Catherine G. Wiedefeld

(a) RESIDENCE NO. 2402 Montebello Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Frank J. Wiedefeld

6. DATE OF BIRTH (month, day, and year): 7-19-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10. NAME OF FATHER: Patrick Lannon
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12. MAIDEN NAME OF MOTHER: C. Harding
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant: Edward Wiedefeld
(Address): 2402 Montebello Ave

15. Filed: 13 1930, 19..
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day, and year): Dec 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 22nd, 1930, to Dec 11th, 1930 that I last saw ~~not~~ alive on Dec 11th, 1930 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Exam
(Signed) Geo Fungoyno M.D. M. D.
12/12/30 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery
DATE OF BURIAL: Dec 15 1930

20. UNDERTAKER: Mary M. Wiedefeld
ADDRESS: 501 E 25th St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 199

B 63216

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) South Balto Gen Hosp St., 24-33 Ward)

2-FULL NAME Lillian Hughes

(a) RESIDENCE NO. 25 Dean St Annapolis Md St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Wm Reginald Hughes

6 DATE OF BIRTH (month, day, and year) Unknown 1904

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co

PARENTS

10 NAME OF FATHER Wm Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co

12 MAIDEN NAME OF MOTHER Nellian Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co

14 Informant Reginald Hughes (Address) Annapolis Md

15 Filed 1930 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which she was riding collided with another auto & then with trolley pole

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Crushing injury of chest fract lower 4 ribs both sides

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted If not at place of death? Fract lumbar vertebral Relenhall & Mas

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. S. Mance M. D.

12/13 1930 (Address) 2739 Mt St Phy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL Dec 15 1930

ADDRESS Annapolis Md

20 UNDERTAKER B L Hopkins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 14 1930

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63217

90

E 63217

REGISTERED NO. 15-32

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2144 Annapolis St. (WARD)

2—FULL NAME Margaret Stridtman

(a) RESIDENCE NO. 2144 Annapolis St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Stridtman

6 DATE OF BIRTH (month, day, and year): Nov 29. 1855

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
75	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Metzdorff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: John H. Stridtman
(Address): 1029 N. Fayette St

15 Filed 1-4-1930, 19 ___ HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11-1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1930, to Dec 11, 1930, that I last saw h. alive on Dec 11, 1930, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Mitchell, M. D.

12/12 1930 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Crem. DATE OF BURIAL: 12-16 1930

20 UNDERTAKER: Bernard C Harlr ADDRESS: 1000 S Paca St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63218

E 63218

X 107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway ST. 6-4 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wright, Edna O.

(a) RESIDENCE No. Darlington, Maryland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wright, William

6 DATE OF BIRTH (month, day, and year) Aug 3rd 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33		4	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edgewood, Md.

PARENTS

10 NAME OF FATHER W. E. Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Olivia Glass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Husband W. G. Wright.
(Address) Darlington Md.

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1930

17 I HEREBY CERTIFY, That I attended deceased from December 13th, 1930, to December 14th, 1930, that I last saw her alive on December 14th, 1930, and that death occurred, on the date stated above, at 3:00 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (right)

Empyaema (right)

(duration) ..... yrs. ..... mos ✓ ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) ..... yrs. ..... mos. ✓ ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Thoracentesis

(Signed) Oscar Ethelbert, M. D.

19 (Address) 707 Cornwall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington Md

DATE OF BURIAL 12-14th 1930

20 UNDERTAKER H. S. Bailey

ADDRESS Darlington Md.

TION is very important. See instructions on back of certificates.

C 141930

E 63219

Spec.—1-30—M. & T.—250 Bks.

E 63219 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63219

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 1850 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Montgomery

(a) RESIDENCE No. 2508 N. Calvert St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William Martein

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Conrad

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mr. James Carey Martein
(Address) 1813 Thornbury Road

15 DEC 14 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec. 14, 1930, that I last saw h alive on Dec. 14, 1930, and that death occurred, on the date stated above, at 1:00 A m.

The CAUSE OF DEATH* was as follows: Pleuro Pulmonary Edema

(duration) yrs. mos 2½ hrs ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

Diabetes (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Michael J. Konefal M. D.

12/14/1930 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemy.

DATE OF BURIAL Dec. 16, 1930

20 UNDERTAKER Wm O. Mitchell & Sons

ADDRESS 1900 Eutaw St. Balto

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10

E 63220

E 63220

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 14-20 WARD)

2-FULL NAME Helen Schlereth

(a) RESIDENCE NO. 1621 John ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1921

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington,
(State or country) D. C.

PARENTS

10 NAME OF FATHER Henry Schlereth

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Selby

13 BIRTHPLACE OF MOTHER (city or town) Lakeville
(State or country) Maryland

14 Informant Mrs Maurice Edwards
(Address) 1621 John St

15 Filed 1-4-1930 HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1930, to Dec. 13, 1930.
that I last saw h alive on Dec 13, 1930,
and that death occurred, on the date stated above, at 9 05 A. m.
The CAUSE OF DEATH* was as follows:

Tonsillar Diphtheria
(duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis
(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? 1621 John St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Throat Cultures

(Signed) I. Peter Meranski, M. D.
, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Cemetery

DATE OF BURIAL Dec 14 1930

20 UNDERTAKER Frew & Sons Inc

ADDRESS Lexington Road

On back of certificate.

Note—It is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

242595

E 63221

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 63221

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-55 WARD)

2-FULL NAME Joanne Pachlman

(a) RESIDENCE No. 2812 Strathmore ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ohb

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Roush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records
(Address) Johns Hopkins Hospital, Baltimore, Md.

15 Filed 14 1930, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13-1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1930, to Dec 13, 1930, that I last saw her alive on Dec 13, 1930, and that death occurred, on the date stated above, at 5 55 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ..... yrs. 1 mos ..... ds. ohd

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ..... yrs. 5 mos. ..... ds.

18 Where was disease contracted if not at place of death? Local

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. C. Goodwin, M. D.

12/13, 1930 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Dec 1930

20 UNDERTAKER Philip Stewig

ADDRESS 2116 Gilmore St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63222 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63222

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Rosekamp Av ST., 27-44 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Mavers

(a) RESIDENCE NO. 3005 Rosekamp Av ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm Mavers

6 DATE OF BIRTH (month, day, and year) June 20/60

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	70	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cuba

PARENTS

10 NAME OF FATHER Frederick Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Mavers
(Address) 3005 Rosekamp Av

15 Filed DEC 14 1930 Jeff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/30

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1930, to Dec 13, 1930, that I last saw h alive on Dec 12, 1930 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolus.

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation and Myocardial degeneration (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Gruwit M. D.

12/13 1930 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cem

DATE OF BURIAL 12/16 1930

20 UNDERTAKER Philip Herzog

ADDRESS 2016 Orleans St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63223

E 63223

159-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Baby Girl Wheeler

(a) RESIDENCE NO. Sinai Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day, 2 hrs. or 49 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Louis B. Wheeler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Alma Young

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Louis B. Wheeler
(Address) Towson Md.

15 Filed ....., 19.. C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 at 6 00, 1930, to Dec 12 at 6 00, 1930, that I last saw him alive on Dec 12, 1930, and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus. Spina bifida

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Body malformation

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Providence Balto — DATE OF BURIAL: Dec 15, 1930

20 UNDERTAKER: John Burns & Sons Co — ADDRESS: Towson Md

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 63224

REGISTERED NO. E 63224

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Foster Ave ST. 16-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William S. Pugh

(a) RESIDENCE NO. 3905 Foster Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha J. Pugh

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	78	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 years

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. S. Pugh

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Applegarth

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs Walter Meyer
(Address) 3905 Foster Ave

15 Filed ___ 19 ___ J. MITCHELL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930, to Dec. 10, 1930, that I last saw h~~im~~ alive on Dec. 10, 1930 and that death occurred, on the date stated above, at 5 55 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Acute Nephritis

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Tippy M. D.

19 (Address) 432 S Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL Dec. 14. 1930

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St. & Broadway

Important. See instructions on back of certificate.

DEC 1

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 63225

REGISTERED NO. 90 E 63225

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2104 Eastern Ave ST. 13 WARD)

2-FULL NAME Augusta Banaszak ST., WARD

(a) RESIDENCE NO. 2104 Eastern Ave (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Frank Palasik (Address) 2104 Eastern Ave

15 Filed DEC 14 1930, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12 1930

17 I HEREBY CERTIFY, That I attended deceased from November 7, 1929, to December 3, 1930, that I last saw her alive on Dec 3 - 1930, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease 1 yrs. mos 5 ds.

(duration)

CONTRIBUTORY (Secondary) acute dilatation of heart (duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem Rec

DATE OF BURIAL: 15 1930

20 UNDERTAKER: John M. Weber

ADDRESS: 401 N Chester

See Instructions on back of certificates. ...TION is very important.

Spec.—1 30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63226

CERTIFICATE OF DEATH.

57

REGISTERED No. E 63226

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 McKean Avenue ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Susan George

(a) RESIDENCE No. 1905 McKean Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. George

6 DATE OF BIRTH (month, day, and year) April 24, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westminster
(State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Fowler

11 BIRTHPLACE OF FATHER (city or town) Westminster
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine E. Hunter

13 BIRTHPLACE OF MOTHER (city or town) Westminster
(State or country) Maryland

14 Informant Miss Mary S. George
(Address) 1905 McKean Ave.

15 Filed 1930 19 H. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 1930

17 I HEREBY CERTIFY, That I attended deceased from 19 , 1925, to Dec 12, 1930, that I last saw h.. alive on Dec 12, 1930, and that death occurred, on the date stated above, at 12.00 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (hypertension)
Chronic Nephritis
Diabetes Mellitus
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. Wiseman, M. D.

12/14/30 (Address) 4000 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive Cemetery (Roslyn)

DATE OF BURIAL Dec. 15 1930

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 63227

REGISTERED NO. E 63227

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1200 Dukeland ST. 16-68 (WARD)

2-FULL NAME Mary L. Frisby

(a) RESIDENCE NO. 1200 Dukeland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo Frisby

6 DATE OF BIRTH (month, day, and year) Feb 13-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Mitchel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph Frisby
(Address) 1203 Dukeland

15 Filed Oct 1 1930 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1st 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12-15 1930

ADDRESS 1136

20 UNDERTAKER Henry C Brauning 828 Pulaski Hwy

Spec.—1-30—M. & T.—250 Bks.

B 63228 3319 Charles 47 E 63228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Charles Apartments. REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5th Floor — ST., 12-49 WARD)

2-FULL NAME Dora McDonald Cathcart. Dora

(a) RESIDENCE No. Charles Apts. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ A Russell Cathcart

6 DATE OF BIRTH (month, day, and year) Oct 16, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minn.

PARENTS

10 NAME OF FATHER J. J. McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary B. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri

14 Informant Stewart McDonald (Address) New York

15 Filed 12/15 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14" 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930 to Dec 14th, 1930, that I last saw h~~er~~ alive on Dec 12", 1930, and that death occurred, on the date stated above, at 9.00 a.m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md

Did an operation precede death? Yes Date of about 1918

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chas. W. Wainwright, M. D.

12/15 1930 (Address) 9 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago, Ill — DATE OF BURIAL Dec 17 1930

20 UNDERTAKER John O. Mitchell — ADDRESS 1900 Eutaw Place

C 15 1930

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63229

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 63229

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hosp. ST. 7-13 WARD)

2-FULL NAME Barron Bernfeld

(a) RESIDENCE NO. Sinai Hospital (Aged Home) ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 75				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER - Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hosp. Records
(Address)

15 Filed DEC 15 1930 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1930, to Dec. 14, 1930, that I last saw him alive on Dec. 14, 1930, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Arteriosclerotic Dementia

(duration) ....yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Goodman, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 12/15/1930

20 UNDERTAKER Harry Goldstein & Son

ADDRESS 1902 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63230

CERTIFICATE OF DEATH.

46 E 63230

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 793 Carroll St. 21-29 WARD)

2 FULL NAME Joanna Yingst

(a) RESIDENCE No. 793 Carroll ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Yingst

6 DATE OF BIRTH (month, day, and year) Sept 27 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Hilary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary A O'Grady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs. Wm. Fleischer
(Address) 793 Carroll St

15 Registrar

C 15 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13th 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Dec 13th, 1930 that I last saw her alive on Dec 13th, 1930 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus.

(duration) 2 yrs. 9 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none necessary

(Signed) Harry H Cates M. D.

19 (Address) 523 Scott St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL 12-16 1930

20 UNDERTAKER Bernard C Hake ADDRESS 8 Pace St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63231

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 63231

CERTIFICATE OF DEATH.

REGISTERED NO. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1809 Eutaw Place ST. 14-20 WARD)

2-FULL NAME Sofie Ehrlich

(a) RESIDENCE NO. 1809 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Ehrlich

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Zzecho-Slovakia

PARENTS

10 NAME OF FATHER Elias Popper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Zzecho-Slovakia

12 MAIDEN NAME OF MOTHER Frances

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Zzecho-Slovakia

14 Informant J. Lewis
(Address) 1439 E. Balto. St.

15 Filed DEC 15 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18th-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1930, to Dec. 14, 1930, that I last saw her alive on Dec. 14, 1930, and that death occurred, on the date stated above, at 5.38 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardio-vascular-renal disease
Auricular Fibrillation
(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral thrombosis - Hemiplegia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Gusoman M. D.

, 19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetary — DATE OF BURIAL 12-16-30

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Balto. St.,

FOR is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63232

CERTIFICATE OF DEATH

90 E 63232

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Pierce ST. 19-27 WARD)

2—FULL NAME Lottie Kellum

(a) RESIDENCE NO. 1633 Pierce ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Johnson

6 DATE OF BIRTH (month, day, and year): Aug 10, 1860

7 AGE: Years 70 Months 4 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: — — —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): — — —

14 Informant: Ella Levy
(Address) 1633 W Pierce St

15 Filed DEC 15 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12-30

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930, to Dec 12, 1930, that I last saw her alive on Dec 11-, 1930 and that death occurred, on the date stated above, at 4-16 A m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis, Arteriosclerosis

..... (duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) ✓

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) D. H. Hatcher, M. D.

12/13, 1930 (Address) 1225 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec 15 1930

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1309 Freeman St

Spec.—1-30—M. & T.—250 Bks.

B 63233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49

REGISTERED NO. E 63233

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Roland Wiker

(a) RESIDENCE No. 324 S. West End ST., are WARD Lancaster Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elsie

6 DATE OF BIRTH (month, day, and year) Nov 16. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer) 075

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa -

PARENTS

10 NAME OF FATHER Daniel Wiker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Eliz. Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... C. HAYDEN JONES, M.D.
Registrar

151930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15-30

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1930, to Dec. 15, 1930, that I last saw him alive on Dec. 15, 1930, and that death occurred, on the date stated above, at 7 36 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) bronchopneumonia, myocarditis failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Conrad Acton M.D. M. D.

, 19 (Address) Johns Hopkins Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Pa

DATE OF BURIAL Dec 18 1930

20 UNDERTAKER W. J. Tickner & Sons

ADDRESS Null & Pa

FROM is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

Hock

E 63234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63234

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Walrad ST. 20-74 WARD)

2-FULL NAME Ida Barbara Hock

(a) RESIDENCE NO. 4107 Walrad ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George A. Hock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Birkmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph J. Hock
(Address) Montrose Ave., Catonsville

15 Filed 1-5-1930, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/30.

17 I HEREBY CERTIFY, That I attended deceased from 5-21-26, 19 26 to Dec-13-, 19 30, that I last saw her alive on Dec 13, 19 30, and that death occurred, on the date stated above, at 12 20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Auricular Fibrillation

(duration) 4 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) ---- (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Elmer B. Freeman M. D.

19 (Address) 807 - Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/16 19 30

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63235

E 63235

CERTIFICATE OF DEATH.

90v

8-40

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Belair Road ST. ..... WARD)

2-FULL NAME Myrth Louise Cook

(a) RESIDENCE NO. 3111 Belair Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Walter G. Cook

6 DATE OF BIRTH (month, day, and year) April 13 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	8	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Heinze

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) Md.

12 MAIDEN NAME OF MOTHER Estella Gunther

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Md.

14 Informant Walter G. Cook
(Address) 3111 Belair Road

Filed 1 5 1930, 19 ..... JM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1930, to Dec 13th, 1930, that I last saw her alive on Dec 13th, 1930, and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Aortic Insuffi

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? ——

(Signed) Arthur C Manninger M. D.

12/13 1930 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Dec 16 1930

20 UNDERTAKER George W. Zirkel

ADDRESS 1737 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63236

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 63236

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 21-28 ..... WARD)

2-FULL NAME Edward Gosnell

(a) RESIDENCE NO. 1121 Bayard St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 2, 1897

7 AGE: Years 32 (33) | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Novr job

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward M. Gosnell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Tagler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1930, to Dec. 14, 1930, that I last saw him alive on Dec. 14, 1930, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Dystrophy, Muscular.
(duration) 22 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? 1 Home 2 Hospital.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam, History.

(Signed) Paul Padget, M. D.

12-14, 1930 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

20 UNDERTAKER Robert Brooks & Son

DATE OF BURIAL 12/16 1930

ADDRESS Calhoun Walling

TION is very important. See instructions on back of certificates.

BALTIMORE CITY HOSPITALS

DEC 15 1930 HARRY N. COINS, M. D. Registrar

Spec.—1-30—M. & T.—250 Bks

E 63237 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63237

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 W. Lombard, st. ST. 18-29 WARD)

2-FULL NAME Artella Wilkinson

(a) RESIDENCE NO. 1202 W. Lombard, st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert T. Wilkinson

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1872

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Examiner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS
10 NAME OF FATHER John Ehrhart
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.
12 MAIDEN NAME OF MOTHER Elizabeth Snell
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Robt. H. Ehrhart
(Address) 1518 E. Lanvale st.

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

153030

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-30

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1930, to Dec 13, 1930, that I last saw h. alive on Dec 12, 1930, and that death occurred, on the date stated above, at 1:00 A.m.

The CAUSE OF DEATH* was as follows:
Chron Cardiac Dilatation
Chr. Myocarditis + Endo-
carditis - Arteriosclerosis &
hypertension (duration) Unknown yrs. ds.
CONTRIBUTORY (Secondary) Ac. Cardiac Dilatation
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo. B. Dyberr, M. D.
19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park. DATE OF BURIAL 12/16 1930

20 UNDERTAKER Fred R. Wilke, ADDRESS 1200 W. Lombard st.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

63238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63238

CERTIFICATE OF DEATH.

129

REGISTERED NO. 8-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1728 E.Chase St. ST. WARD)

2-FULL NAME Mary Agnes Kepler.

(a) RESIDENCE NO. 1728 E.Chase St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If ~~married~~ widowed, ~~husband of~~ ~~wife of~~ Harry Kepler.

6 DATE OF BIRTH (month, day, and year) September 24, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	75	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Cora Miller.(daughter)
(Address) 1728 E.Chase St.

15 Filed DEC 15 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13th. 1930

17 I HEREBY CERTIFY, That I attended deceased from December, 1927, to December 13th 1930, that I last saw her alive on December 11th 1930 and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:
Organic disease of the Heart and Kidneys.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia, senile grangreen. (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt M.D. ~~M.D.~~

12/15 1930 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL Dec 16 1930

20 UNDERTAKER John Meerich ADDRESS 2008 Greenmount Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63239

CERTIFICATE OF DEATH.

90

E-63239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hospital ST., 816 WARD)

2-FULL NAME Amelia Wartman

(a) RESIDENCE NO. 1617 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles M. Wartman.

6 DATE OF BIRTH (month, day, and year): June 1860

7 AGE: Years 70 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Smink.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Charles M. Wartman (Husband)

(Address)

15 Filed DEC 15 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12, 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-8-30, 19, to 12-12-30, 19, that I last saw he alive on 12-12-30, 19, and that death occurred, on the date stated above, at 2:55 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Lawrence M. Bern M. D.

12/12 1930 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec. 15 1930

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: Baltimore St. & Broadway

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63240

CERTIFICATE OF DEATH

31

REGISTERED NO. 9-46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Cliftview Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Cecelia Gnau

(a) RESIDENCE NO. 1305 Cliftview Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Gnau

6 DATE OF BIRTH (month, day, and year) May 11. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington
(State or country) Delaware

PARENTS

10 NAME OF FATHER Thomas W. Lynch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Prince George's County Md.

12 MAIDEN NAME OF MOTHER Josephine Clay

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Harford County, Maryland.

14 Informant Mr. Frank L. Gnau (Husband)
(Address) 1305 Cliftview Ave.

15 Filed DEC 17 1930 HARRISON JONES W. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13. 1930

17 I HEREBY CERTIFY, That I attended deceased from June, 1929, to Dec 13, 1930, that I last saw her alive on Dec 12, 1930 and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:
Pulm. Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Phys. Exam

(Signed) Chas F Blake, M. D.

Dec 18 1930 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross Cemetery

DATE OF BURIAL
Dec. 16 1930

20 UNDERTAKER
Henry Sander & Sons. Inc.

ADDRESS
BALTIMORE ST & BROADWAY.

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63241

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 63241

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 15-54 WARD)

2-FULL NAME Sam Noto

(a) RESIDENCE NO. 2014 Forest Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatrice Noto

6 DATE OF BIRTH (month, day, and year) June 26, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Shoes

(c) Name of employer Owner

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Vincent Noto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Salvatrice Cimino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Rosalie P. Hammel
(Address) 1461 Washington Blvd

15 Filed Dec 16 1930 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/30.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930, to Dec. 14, 1930, that I last saw him alive on Dec. 14, 1930, and that death occurred, on the date stated above, at 2:00 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Intracranial

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at work

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs.

(Signed) John Lincoln III, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Dec 16 1930

20 UNDERTAKER Thos. H. Pipitone

ADDRESS 2848 E. Baltimore St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63242

161-001

E 63242

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 15-65 Ward)

2-FULL NAME Eleanor Zanhetti

(a) RESIDENCE NO. 2902 Chelsea Ave St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept/1st, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	0	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Guerino Zanetti

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Daisy Manchi

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Guerino Zanetti
(Address) 2902 Chelsea Ave

15 Filed ..... 19.... C. HANSON JONES, M. D. Registrar

DEC 15 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity- Marasmus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

12/15/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 15 1930

20 UNDERTAKER Frank V. Pipitone

ADDRESS 2865 E. Baltimore St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63243

CERTIFICATE OF DEATH

74-001

16-67

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 785 Grantley ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Jefferson,

(a) RESIDENCE NO. 785 Grantley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Clayton Jefferson,

6 DATE OF BIRTH (month, day, and year) October 11, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	86	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. H. Hanson,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Barbara Howser.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Walter Jefferson
(Address) 785 Grantley St

DEC 15 1930 C. WILMSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 14 1930

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Dec. 14, 1930, that I last saw h~~e~~ alive on Dec. 13, 1930 and that death occurred, on the date stated above, at 10:15 A. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Norris, M. D.

12-15, 1930 (Address) 516 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loraine Cem.

DATE OF BURIAL DEC 16 1930

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 63244 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 63244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 w Mulberry St. 4325 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Alascia.

(a) RESIDENCE NO. 515 w Mulberry St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Alascia.

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Vendor

(b) General nature of industry, business, or establishment in which employed (or employer): Ds

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Salvatore Alascia.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Antonina Alto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Minnie Alascia. (Address) 515 w Mulberry St.

15 Filed 19 H. L. JONES, M. D. Registrar

C 151930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12 1930

17 I HEREBY CERTIFY, That I attended deceased from 11-12, 1930, to 12-12, 1930, that I last saw him alive on 12-12, 1930 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Chronic interstitial nephritis with hypertension.

(duration) ? yrs. ? mos. — ds.

CONTRIBUTORY (Secondary): Acute Bronchitis.

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Drucker M. D.

12-12 1930 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral | DATE OF BURIAL: Dec 15 1930

20 UNDERTAKER: Wendell & Lloyd | ADDRESS: 2nd & Lan

TION is very important See instructions on back of certificates.

E 63245 HEALTH DEPARTMENT—CITY OF BALTIMORE 46E 63245

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 E. 28th ST., 9-46 WARD)

2-FULL NAME Almira E. Johnson.

(a) RESIDENCE NO. 1509 E. 28th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6a If married, widowed, or divorced (HUSBAND of or) WIFE of the late Benj. R. Johnson.

6 DATE OF BIRTH (month, day, and year) Oct 15th 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Hush.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Julia A. Lithale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr William J. Stait
(Address) 1509 E. 28th St.

15 Filed ..... 19..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13th 1930

17 I HEREBY CERTIFY, That I attended deceased from 2 yrs. ago, 19..... to Dec. 13, 1930.
that I last saw her alive on Dec. 13, 1930.
and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Pelvic (uterine) carcinoma

2 or 3 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs and symptoms

(Signed) J. Y. Shemwell, M. D.

Dec 18, 1930 (Address) 3310 Tiger Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 12/16/1930

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

63246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63246

CERTIFICATE OF DEATH

11-002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2233 Penrose Ave. Ward) 10-64

2-FULL NAME Albert F. Miller

(a) RESIDENCE NO. 2233 Penrose Ave. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Clara M. Miller

6 DATE OF BIRTH (month, day, and year): April 4th 1880.

7 AGE Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
50.	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet maker.
(b) General nature of industry, business, or establishment in which employed (or employer): 014
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Simon Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Theresa Miller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Mrs. Clara M. Miller
(Address) 2233 Penrose Ave.

15 Filed _____ 19__ E. THURSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intestinal Grippe & Inflammation of Stomach from eating Oysters

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Chas. H. Moore, M. D.

Dec 15 1930 (Address) Pimlico

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: 12/18/1930.

20 UNDERTAKER: John J. Cowan & Son — ADDRESS: 901 Pulaski

25

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

Spec.—1-12-23—M&T—500 Bks.

E 63247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3511 N Calvert St. ST. 4-25 WARD)

2-FULL NAME Josephine C. Wekenman

(a) RESIDENCE No. 318 W. Saratoga St., ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wekenman

6 DATE OF BIRTH (month, day, and year) 3-19-59

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Dauges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Eliz Dieter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John W Wekenman
(Address) 318 W Saratoga St

15 C 15 1930

16 C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 13, 1930, that I last saw her alive on Dec 12, 1930, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver and nephritis chronic with oedema

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation 24 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E H Hayward, M. D.

Dec 15, 1930 (Address) 1129 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12/16 1930

20 UNDERTAKER H. B. Cummings Son

ADDRESS 1136 Bolton Street

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63248 BALTH DEPARTMENT—CITY OF BALTIMORE E 63248

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. Ward) 2450

REGISTERED No. 117
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary A. Lutz

(a) RESIDENCE No. 3222 St Paul St. St.: WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Lutz

6. DATE OF BIRTH (month, day, and year): May 29, 1860

7. AGE: Years 70 Months 6 Days 14 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10. NAME OF FATHER: Patrick Dominick
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12. MAIDEN NAME OF MOTHER: Mary A. Reagan
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant: Miss Olivia
(Address): 3222 St Paul St.

15. ..... 19.. C. HARRISON JONES, M. D. Registrar

157930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Dec 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1930, to Dec 13, 1930 that I last saw he alive on Dec 13, 1930 and that death occurred, on the date stated above, at 4:25 p.m.

The CAUSE OF DEATH* was as follows:

Appendicial abscess

(duration) yrs. 5-6 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 11/22/30

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Operative

(Signed) Geo. D. Stiles Jr. M. D.

.19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 16 1930

20. UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto St.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63249

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-1901

E 63249

CERTIFICATE OF DEATH

1-PLACE OF DEATH Greenhall St. 12-50

City of Baltimore: (No. St. Paul & 33 st St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Helene B. Baker

(a) RESIDENCE NO. St. Paul & 33 st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 30, 1901

7 AGE: Years 29 | Months 7 | Days 14 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: stenographer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Bath,
(State or country): New York

PARENTS

10 NAME OF FATHER: Edward P. Baker

11 BIRTHPLACE OF FATHER (city or town): Bath
(State or country): New York

12 MAIDEN NAME OF MOTHER: Minerva Andrus

13 BIRTHPLACE OF MOTHER (city or town): Bath
(State or country): New York

14 Informant: Joseph P. Baker
(Address): Elmira, New York

15 Filed ..... 19..... C. Hanson Jones M.D.
Registrar

C 15 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poisoning
Suicide (Over)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Morrissey, M. D.

12/15, 1930 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elmira, New York — DATE OF BURIAL: Dec 15, 1930

20 UNDERTAKER: E. LeRoy Stiffler, Inc — ADDRESS: 125 E. North Ave

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63250

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST. 147 WARD)

2-FULL NAME William Judge

(a) RESIDENCE NO. 21 E. Centre St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 21 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Georgia
(State or country)

PARENTS

10 NAME OF FATHER John M. Judge

11 BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)

12 MAIDEN NAME OF MOTHER Matilda ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant .....
(Address) .....

15 Filed DEC 15 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/30

17 I HEREBY CERTIFY, That I attended deceased from 12/1/30, 1930, to 12/7, 1930, that I last saw him alive on 12/7, 1930, and that death occurred, on the date stated above, at 9 45 A.M.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. M. Warman, J. Leyko M. D.

12/7, 1930 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 15 1930

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

UNIVERSITY OF MARYLAND
C. HAMILTON JONES, M.D.
Commissioner Health.

Spec.—1-30—M. & T.—250 Bks

E 63251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH – Mercy Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 3-5 ..... WARD)

2-FULL NAME Thomas Allen
Balto. address – 808 E. Pratt St.)

(a) RESIDENCE NO. – Roanoke, Virginia ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45 yrs.		5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Freemont Allen
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Margaret Parsons
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant .....
(Address) .....

15 Filed DEC 15 1930, 19 5276 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/30

17 I HEREBY CERTIFY, That I attended deceased from 12/8/30, 19..., to 12/11/30, 19..., that I last saw him alive on 12/11/30, 19..., and that death occurred, on the date stated above, at 3.20 A. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Base of Lung)
(duration) ..... yrs. ..... mos. 4 ds. ?

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. G. Feman, M. D.

12/4, 1930 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 15 1930, 19

20 UNDERTAKER
Commissioner Health.

ADDRESS

SECTION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63252

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63252

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 16 So Albermarle St., 3-5 Ward)

2-FULL NAME Leonardo Alaia

(a) RESIDENCE NO. 16 S. Albermarle St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3 1885

7 AGE: Years 45 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Italy

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant .....
(Address)

15 Filed ..... 1930 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry Dec 3 1930 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Acute Dilatation of Heart
Sudden
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Denton M. D.

Dec 3 1930 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

Dec 15 1930

Commissioner of Health

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
HARRISON JONES
THE MORGUE

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E 63253

E 63253

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Fell ST. 2-4 WARD)

2-FULL NAME Harry Kinley Fell ST., ... WARD .....

(a) RESIDENCE No 901 Fell (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant

(Address)

Filed ..... 1930 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute alcoholism

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

127, 1930 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 15 1930 19

ADDRESS

20 UNDERTAKER Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 15 1930

HARRISON JONES, M. D. Registrar

5278

THIS MORGUE

1-30—M. & T.—100 B—50L

E 63254

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E 63254

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Hospital ST. 3-5 WARD)

2-FULL NAME Pietro Arillo

(a) RESIDENCE No 852 E Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27th 1897

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Arillo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Salvatora Valenciana

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Arillo
(Address) 852 E. Pratt St

15 Filed DEC 15 1930 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut L.T.3,

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) Cirhosis hrs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 852 E Pratt St.

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) H. G. Fades, M. D. Coroner

19 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 16 1930

20 UNDERTAKER Frank V. Cipitone

ADDRESS 2818 E. Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63255 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 63255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4120 Moravia Ave ST. Gardenville WARD) 7-4-41

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Redgrave

(a) RESIDENCE No. 4120 Moravia Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel B. Redgrave

6 DATE OF BIRTH (month, day, and year) Mar. 1, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert Quall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Agnes V. Lange
(Address) 4120 Moravia Ave.

Filed DEC 15 1930, 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13, 1930

17 I HEREBY CERTIFY, That I attended deceased from August, 1927, to Dec 13, 1930, that I last saw her alive on Dec 13, 1930, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows: Chronic myocarditis with myocardial degeneration

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Generalized arteriosclerosis - Chronic nephritis.
(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? uncertain Date of

Was there an autopsy? uncertain

What test confirmed diagnosis?

(Signed) W. Michels, M. D.

Dec 13 1930 (Address) 2901 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec 16 1930

20 UNDERTAKER Wm Cook — ADDRESS 1217 Mt Royal

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63256

166 E 63256

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St. 1-3 Ward)

2-FULL NAME Rose A Maseth

(a) RESIDENCE NO. 516 N. Kenwood Ave St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Maseth

6 DATE OF BIRTH (month, day, and year) Nov 15/1900

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30	0	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Louis Evard

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Zelk

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Maseth
(Address) 516 N. Kenwood Ave

15 1930 19 H. MADISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said her inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poisoning
Suicide-
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mental Depression for several months (Hopkins Report) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D.

Dec 15/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 12/17/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

NOT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Dr. Wolf 1331 E North Ave Ver 5733
728 Mannington Ave Mad 0870 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63257

E 63257

CERTIFICATE OF DEATH.

8-16-90

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 E. Chase St. 10-14 WARD)

2. FULL NAME Wm C. O'Hara

(a) RESIDENCE No. 1300 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Rose R O'Hara

6 DATE OF BIRTH (month, day, and year) Aug 7th 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John O'Hara

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

14 Informant: Margaret Fader
(Address) Middle River Md

DEC 5 1930, 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13th 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1929, to Dec. 13, 1930, that I last saw h. alive on Dec. 13, 1930, and that death occurred, on the date stated above, at 7:15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Samuel Wolf M. D.

, 19 (Address) 1331 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 12/16/1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63258

E 63258

CERTIFICATE OF DEATH

1—PLACE OF DEATH West Balt, Mme Ben Hospital

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susie Ehrman

(a) RESIDENCE NO. 1328 W North Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas H. Ehrman

6 DATE OF BIRTH (month, day, and year) Apr 6th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos S Weatherby

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Isabella Call

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Chas H. Ehrman

(Address) 3412 Virginia Ave

15 Filed DEC 15 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15,

17 I HEREBY CERTIFY, That I attended de

Nov. 28, 1930, to Dec

that I last saw her alive on Dec 14

and that death occurred, on the date stated above, at 4

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis with L Hemiplegia

(duration) yrs. 2 mos.

CONTRIBUTORY (Secondary) Uremia Nephrosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ashman, M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 12/18/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63259

CERTIFICATE OF DEATH

x 170 E 63259

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Church Home & Infirmary St., 6-9 Ward)

2-FULL NAME John Nanzetta

(a) RESIDENCE NO. 208 W. Market St., Greensboro, N.C. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single, Married~~ Widowed or ~~Divorced~~ (write the word)
Male	white	widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~ Mary Nanzetta

6 DATE OF BIRTH (month, day, and year) 2 6 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nerve
(b) General nature of industry, business, or establishment in which employed (or employer) ore
(c) Name of employer Self.

9 BIRTHPLACE (city or town) .....
(State or country) Texas

PARENTS

10 NAME OF FATHER John Nanzetta

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Texas.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) unknown

14 Informant Rabbi P. Lonak.
(Address) 1560 Madison Ave. N.Y.

15 Filed ..... 19.....

1 5 1930

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/30 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound -rt temple
Suicide at Church Home & Infirmary

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

12/15/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York N.Y.

DATE OF BURIAL Dec 15 1930

20 UNDERTAKER Hughes & Jones Inc

ADDRESS 1 W Broadway

THE ANSWERS MUST BE CLEARLY EXPRESSED. ALL SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63260

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63260

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Creek Alley ST. 2-3-31 WARD)

2-FULL NAME Catherine Voelker.

(a) RESIDENCE NO 1007 Creek Alley. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 44 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Conrad Voelker.

6 DATE OF BIRTH (month, day, and year) September 22, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Weber.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Conrad Voelker. (son)
(Address) 1007 Creek Alley.

Filed 15 1930, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

12/15/30 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Mathews

DATE OF BURIAL 12/16 1930

20 UNDERTAKER J. F. Lanzendorfer

ADDRESS 1318 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63261

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001 E 63261

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 10-71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Lucy B. Massey

(a) RESIDENCE NO. 515 Mt. Holly ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Brian Massey

6 DATE OF BIRTH (month, day, and year) May 26, 1878

7 AGE: Years 52 | Months 6 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Bridge Town (State or country) Nova Scotia

PARENTS

10 NAME OF FATHER Adam Boyd

11 BIRTHPLACE OF FATHER (city or town) Bridgetown (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Jennie Miller

13 BIRTHPLACE OF MOTHER (city or town) Bridge Town N. S. (State or country)

14 Informant Clinic Records

(Address) Hospital records

15 Filed ..... 19 ..... Registrar

151930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-30

17 I HEREBY CERTIFY, That I attended deceased from 12-9, 1930, to 12-14, 1930, that I last saw her alive on 12-14-30, 19 and that death occurred, on the date stated above, at 8:28 P. m.

The CAUSE OF DEATH* was as follows:

1. Hyperthyroidism

(duration) 20? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert K. Chenowith, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL 12/17 1930

20 UNDERTAKER J. F. Pattison ADDRESS 131 Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63262 89 E 63262

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Gilmore ST., 19-27 WARD)

2—FULL NAME Emma Scott

(a) RESIDENCE NO. 510 N. Gilmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Scott

6 DATE OF BIRTH (month, day, and year): April 25 1878

7 AGE: Years 52 Months 7 Days 14 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Simon Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca Deshields

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Isaac Scott
(Address): 510 Gilmore St

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/14/30

17 I HEREBY CERTIFY, That I attended deceased from 12/1, 1930, to 12/14, 1930, that I last saw her alive on 12/13, 1930, and that death occurred, on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows: Acute Endocarditis & Cardiac Asthma with Angina Pectoris

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Cardiac Asthma

(duration) 2 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) James R. Blake M. D.

12/15, 1930 (Address) 924 Fairmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury St

DATE OF BURIAL: Dec 16 1930

20 UNDERTAKER: S. L. Brown & Son

ADDRESS: 108 W. Monty

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 63263

CERTIFICATE OF DEATH

E 63263

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E Madison ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Kaufman

(a) RESIDENCE NO. 2010 E Madison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frederick H Kaufman

6 DATE OF BIRTH (month, day, and year) Nov 7-1870

7 AGE Years 60 Months 1 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Fred Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred Kaufman
(Address) 2010 E Madison

15 Filed ..., 19... C. HANSON JONES, M. D.
Registrar

DEC 16

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 14, 1930, that I last saw h alive on ..., 19..., and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Gorr, M. D.

12/14, 1930 (Address) 413 N Carrollington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. DATE OF BURIAL Dec 17 1930

20 UNDERTAKER Geo M. Fink & Son ADDRESS 811 N Wolfe

1-30—M. & T.—100 B—50L

E 63264

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

CERTIFICATE OF DEATH

E 63264

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 W.Camden St. ST. 42-30 WARD)

2-FULL NAME George Williams.

(a) **RESIDENCE** No 14 W.Camden St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If ~~married~~, widowed, ~~divorced~~ HUSBAND of ~~WIFE of~~ Rose Williams.

6 DATE OF BIRTH (month, day, and year) August 4, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer) Ob
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Adison D. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Elizabeth Bursey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Richard W-Williams.(brother)
(Address) ~~14-W.C~~ 2216 Sidney Ave.

15 Filed Dec 16 1930, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. H. Bernhardt, M. D. Coroner

12/15/30 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec. 16. 1930
20 UNDERTAKER	**ADDRESS**
John Grebliauckas & Co.	425 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 63265

E 63265

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St. 6-9 Ward)

2-FULL NAME James Edwards

(a) RESIDENCE NO. 1519 E. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Davis Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Goodman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Davis Edwards
(Address) 1519 E. Fayette St

15 Filed ....., 19.... C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardiac Failure

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Bacon, M. D.

Dec. 15/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smith Field Va

DATE OF BURIAL 12-16 1930

ADDRESS 916 Da ave.

20 UNDERTAKER David Carlson

C 1 37030

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63266

54 E 63266

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 14-28 WARD)

2-FULL NAME Bessie M. Davis

(a) RESIDENCE NO. 501 Calhoun St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24, 1890

7 AGE: Years 40 | Months 8 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundrress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): ?
(State or country): Md.

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md.

12 MAIDEN NAME OF MOTHER Ellen Matthews

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md.

14 Informant: Records of
(Address): Baltimore City Hospitals

15 Filed DEC 16 1930 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-30

17 I HEREBY CERTIFY, That I attended deceased from 12-6-30, 19..., to 12-15-30, 19..., that I last saw her alive on 12-15-30, 19..., and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) ....yrs. 2 mos ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ....yrs. ....mos. 10 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget, M. D.

12-15 1930 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Mirror Md.

DATE OF BURIAL: 12-16 1930

20 UNDERTAKER: David Carter

ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63267

CERTIFICATE OF DEATH

90

18-29

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Boyd ST., ... WARD)

2-FULL NAME George Thomas (George Thomas Satchell)

(a) RESIDENCE No 750 Bradley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Satchell

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O.K.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Thomas Satchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Beatrice Curry

(Address) 1508 W. Mulberry St

15 Filed ..... 19 ..... J. HARRISON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene Feller, M. D. Coroner

12/15 1930 Address 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 16 1930

20 UNDERTAKER: Lewis Carlson

ADDRESS 916 Pa ave.

DEC 16 1930

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63268

E 63268 HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Cumberland ST. 15th WARD)

2-FULL NAME Ola Brown

(a) RESIDENCE No 704 Cumberland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Aug 2 1902

7 AGE Years 28 Months 3 Days 15 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Md

PARENTS

10 NAME OF FATHER Geo Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary Co Md

12 MAIDEN NAME OF MOTHER Fanna Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

14 Informant Fanna Brown
(Address) 704 Cumberland

15 Filed ..... C. HARRISON JONES, M. D. Registrar

DEC 16 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Schmidt, M. D. Coroner

Dec 16 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

UNDERTAKER Lewis Eaton

DATE OF BURIAL Dec 16 1930

ADDRESS 916 Oa ave

Spec.—1-30—M. & T.—250 Bks

E 63269

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ × 90 E 63269

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST. 4-7 WARD)

2-FULL NAME Miss Theresa Simon

(a) RESIDENCE No. old Stafford Rd (Parkville) ST., ... WARD Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75 75y 5m		8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Peter Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Anna Meister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: George Seidl

(Address) Parkville Md.

Filed DEC 16 1930 HENRY W. JONES, ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/30

17 I HEREBY CERTIFY, That I attended deceased from 12/15/30, 19.... to 12/15/30, 19.... that I last saw her alive on 12/15/30, 19.... and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows: Arterio-Sclerotic Cardio-Vascular Disease c. Mitral & Tricuspid Insufficiency

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Generalized Anasarca

(duration) yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes - Partial

What test confirmed diagnosis? yes

(Signed) J. F. Lesko M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Hopkins Cemetery — DATE OF BURIAL: Dec 19 1930

20 UNDERTAKER: Frederick Lassahn — ADDRESS: 740 Belair Rd.

THIS is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63270

CERTIFICATE OF DEATH

90 E 63270

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Broadway ST. 8-17 WARD)

2—FULL NAME Etta F Bowman

(a) RESIDENCE NO. 1702 N Broadway ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Bowman

6 DATE OF BIRTH (month, day, and year) June 8th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	68	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Boydton Va

PARENTS

10 NAME OF FATHER Wm H Fonshill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Pennsylvania

12 MAIDEN NAME OF MOTHER Amanda M. Dunsight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant George Bowman
(Address) 1702 N. Broadway

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14th 1930

17 I HEREBY CERTIFY, That I attended deceased from 2 or 3 years, 19 30, to ....., 19 ....,
that I last saw h alive on Dec 13, 19 30
and that death occurred, on the date stated above, at 1255 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

Angina (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —all

(Signed) W. J. Phelps, M. D.

Dec 15, 1930 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Dec 17th 1930

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

Spec.—1-30—M. & T.—250 Bks.

✓ 6.63271

E 63271

HEALTH DEPARTMENT—CITY OF BALTIMORE

17 E 63271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Eager ST., 1 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura May Crofoot

(a) RESIDENCE NO. 107 So Calhoun ST., WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 - 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Geo. W. Crofoot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Beal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J. B. Crofoot (Address) 107 So Calhoun St

15 Filed ..... 19 ..... Registrar

C. HARRY JONES, M. D.

C 10 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-30

17 I HEREBY CERTIFY, That I attended deceased from 12-9-30, 19 ..... to 12-14-30, that I last saw her alive on 12-14-30, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows: Ruptured Appendicitis & Peritonitis Work induced Abdomen

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Toxemia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-10-30

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) A B Wheeler M. D.

12-17-30 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 12-17-1930

20 UNDERTAKER Harry A Witzke

ADDRESS 401 Edmondson Ave

THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Do Dominicis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63272

90 E 63272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST. 8-16 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celeste Di Dominicis

(a) RESIDENCE No. 1410 N. Luzerne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 5/23

7 AGE: Years 7 Months 5 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Benjamin Di Dominicis

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Francis Cafasso

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Benjamin Di Dominicis
(Address) 1410 N. Luzerne

15 Filed DEC 16 1930 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-30

17 I HEREBY CERTIFY, That I attended deceased from 11-28, 1930, to 12-14, 1930, that I last saw her alive on 12-14, 1930, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:
Rheumatic Heart Disease
c Mitral Insufficiency & Stenosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Hjalmar S Anderson, M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 12/17 1930

20 UNDERTAKER Philip Hennig — ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63273

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63273

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 7-11 WARD)

2-FULL NAME Miss Edith King

(a) RESIDENCE NO. 3000 Mc Elderry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: None

6 DATE OF BIRTH (month, day, and year) May 21 1909

7 AGE: Years 21 Months 6 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: George King

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Medora Stoner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Alice King
(Address): 3000 Mc Elderry St

15 Filed ..... 19 ..... HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15-30

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1930, to December 15, 1930, that I last saw her alive on Dec. 15, 1930, and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Erysipelas

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis; Scleroderma

(duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. E. Lordman, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 18 1930

20 UNDERTAKER: M. W. E. Duppelmeier

ADDRESS: 37 Lanvale St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63274

E 63274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-130 ST. WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annabelle Wychgram

(a) RESIDENCE No. Perryville, Md ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 16, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Perryville Md.

PARENTS

10 NAME OF FATHER William W. Wychgram

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Virginia Chamberlain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Perryville Md.

14 Informant William W. Wychgram
(Address) Perryville Md.

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1930, to Dec 16, 1930, that I last saw h alive on Dec 16, 1930, and that death occurred, on the date stated above, at 6:45 P.M.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) _____ yrs. 2 mos _____ ds.

CONTRIBUTORY (Secondary) None

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Since birth

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Spinal punctures & measurements

(Signed) J. Sylvan _____ M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Perryville, Md DATE OF BURIAL Dec 18 1930

20 UNDERTAKER Lee A. Patterson ADDRESS Perryville Md.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63275

HEALTH DEPARTMENT—CITY OF BALTIMORE

117

E 63275

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 6-10 WARD)

2-FULL NAME Charles Earle

(a) RESIDENCE NO. 3010 E Balto ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ~~12-14-30 yrs~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

0 80

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) Philadelphia (State or country)

12 MAIDEN NAME OF MOTHER Annie McHale

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Hospital Records. (Address)

15 Filed 1930 19 H. K. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-30

17 I HEREBY CERTIFY, That I attended deceased from 12-6, 1930, to 12-14, 1930, that I last saw him alive on 12-14, 1930, and that death occurred, on the date stated above, at 5 20 P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (duration) yrs. mos 4+ ds.

CONTRIBUTORY (Secondary) Peritonitis (duration) yrs. mos. 10+ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/6/30

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operative

(Signed) J. Leyko, M. D.

12/14 1930 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Dec 17 1930

20 UNDERTAKER Lilly & Zeilen Inc.

ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

63276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63276

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 10-14 WARD)

2-FULL NAME Theresa Sachs.

(a) RESIDENCE No 752 N. Gay St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Charles Sachs.

6 DATE OF BIRTH (month, day, and year) February 17, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Presser.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary Brundrett.
(Address) 752 N. Gay St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemhardt, M. D. Coroner

12/15/30 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Reformed Chur

DATE OF BURIAL Dec 17 1930

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63277

31

E 63277

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2710 Beechland Ave ST. Hamilton 27 — WARD)

2—FULL NAME Carroll Roe Passapae

(a) RESIDENCE NO. 2710 Beechland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara T. Passapae

6 DATE OF BIRTH (month, day, and year) July 15th 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk for Central

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hunter Caroline Co Md

PARENTS

10 NAME OF FATHER Joseph Passapae

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Gerard Roe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caroline Co

14 Informant Barbara T. Passapae (Wife)
(Address) 2710 Beechland Ave.

15 Filed 1930 C. HARRISON JONES, M. D. Registrar

16 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 15, 1930, that I last saw him alive on Dec 15, 1930 and that death occurred, on the date stated above, at 4 55 a m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation.
Myocardial degeneration.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Smith M. D.

Dec 15 1930 (Address) 4 N Hospital Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL 12/18/30

20 UNDERTAKER Lilly & Zeller Inc

ADDRESS 405 S Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 ✓

E 63278

CERTIFICATE OF DEATH.

E 63278

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Day Collins

(a) RESIDENCE NO. 104 E. 20th St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary R. Collins

6 DATE OF BIRTH (month, day, and year): February 17, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Interior Decorator

(b) General nature of industry, business, or establishment in which employed (or employer): 053

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John W. Collins

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret S. Steiville

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Mrs. Estelle Hanson

(Address): 2404 N. Charles St.

15 Filed ..... 19.. Clarence Jones M. D. Registrar

EC 16 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1930 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcohol Poison

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner) M. D.

12/15. 1930 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

Date of Burial: Dec. 16 1930

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1005 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Place statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & B—100 B—50L

E 63279

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63279

CERTIFICATE OF DEATH

1-PLACE OF DEATH Hochschild Kohn & Co.

CITY OF BALTIMORE: (No. Howard & Lexington Sts. ST., 15-61 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wicklein Lohrfinck.

(a) RESIDENCE No Elizabethan Apts. Garrison & Bateman Aves. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a If married, ~~Widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Rosalind C. Lohrfinck.

6 DATE OF BIRTH (month, day, and year) December 29, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Buyer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hochschild Kohn & Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arnold Lohrfinck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sophia Wicklein.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Rosalind C. Lohrfinck. (wife)
(Address) Elizabethan Apts.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Leonard, M. D. Coroner

12/16/30 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. — DATE OF BURIAL Dec 17 1930

20 UNDERTAKER Wm. J. Tickner & Son — ADDRESS Mulberry

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificate. Do not write in this space, so that it may be properly classified. Enter statement of OCCUPATION in plain terms.

Spec.--0-30--A. & Co.--250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63280

CERTIFICATE OF DEATH.

92 E 63280

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Chester st. St. 2-1 WARD)

2-FULL NAME Jozefa Wareczynska

(a) RESIDENCE NO. 318 S. Chester st ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Franciszek Lakowiak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Kasiecha
(Address) 318 S Chester st

15 Filed ..... 19 ..... Registrar

C. Hunter Jones M. D.

C 16 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/30

17 I HEREBY CERTIFY, That I attended deceased from 12/3, 1930, to 12/15, 1930 that I last saw h alive on 12/15, 1930 and that death occurred, on the date stated above, at 1.50 a.m. The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 30 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Hannas Cemetery — DATE OF BURIAL: Dec 18 1930

20 UNDERTAKER: George A. Weber — ADDRESS: 705 S Amity st

TION is very important. See instructions on back of certificate.

29-28—L. F. S.—600 Bks.

E 63281

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH

REGISTERED NO. E 63281

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Harlem ave ST., 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Raymond A Stallknecht

(a) RESIDENCE NO. 1730 Harlem ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 5 mos. 18 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Clara J Stallknecht

6 DATE OF BIRTH (month, day, and year) June 26-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Julius Stallknecht

11 BIRTHPLACE OF FATHER (city or town) ....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Katherine Schutter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Katherine Stallknecht
(Address) 1730 Harlem ave

15 Filed ....., 19 .... H C Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/30

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Dec 14, 1930, that I last saw h~~im~~ alive on Dec 13, 1930 and that death occurred, on the date stated above, at 5 45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab. findings + clin

(Signed) S W Kenney, M. D.

, 19 (Address) 1612 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 17 1930
20 UNDERTAKER	ADDRESS
Henry Lutz	1203 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63282

CERTIFICATE OF DEATH

129 E 63282

REGISTERED NO. 14-59

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 2147 Division ST., WARD)

2—FULL NAME Elizabeth Brown

(a) RESIDENCE NO. 2147 Division ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) m

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frederick Brown

6 DATE OF BIRTH (month, day, and year) June 9 1885

7 AGE Years 45 Months 6 Days 6 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mattress
(b) General nature of industry, business, or establishment in which employed (or employer) Bartlett &
(c) Name of employer Haywood

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS
10 NAME OF FATHER Bonridge Pendleton
11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)
12 MAIDEN NAME OF MOTHER Maria Jessup
13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Frederick Brown
(Address) 2147 Division St

15 Filed DEC 16 1930, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-30

17 I HEREBY CERTIFY, That I attended deceased from 11-19, 1930, to 12-15, 1930, that I last saw her alive on 12-14, 1930 and that death occurred, on the date stated above, at 12-15 A. m.

The CAUSE OF DEATH* was as follows: Cystitis and Nephritis
About 2 Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolus
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Hyperacute Examination

(Signed) Jas. A. G. Ames, M. D.

12/15, 1930 (Address) 1210 Lime Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL Dec 17 1930

20 UNDERTAKER Wm. M. Chase Son | ADDRESS 1400 Madison

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-203 ✓ E 63283

E 63283

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City of Baltimore: (No. Balto City Hosp St., 6-11 Ward)

2-FULL NAME Chas Baker

(a) RESIDENCE NO. 109 N. Lenwood St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann

6 DATE OF BIRTH (month, day, and year): Oct 6 1871

7 AGE: Years 59 Months 2 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Letter
(b) General nature of industry, business, or establishment in which employed (or employer): Carrier
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Agatha Hockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mary A. Baker
(Address) 109 N. Lenwood

Filed ..... 19..... Registrar .....

C 1 6 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/15 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto while walking along road

(a) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Fract skull

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Back River McH Rd

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/15 1930 (Address) 2939 Ellerslie Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Dec 17 1930

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

243437
E 63284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63284

CERTIFICATE OF DEATH.

X 49

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

2-FULL NAME William Curdts

(a) RESIDENCE NO. 911 Colonial ave ST., ... WARD Norfolk Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 6 ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) Nov-1-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER G L Curdts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ellen Greenwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records
(Address) .....

15 Filed DEC 16 1930, 19 ..... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-15-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 15, 1930, that I last saw him alive on Dec 15, 1930 and that death occurred, on the date stated above, at 9 07 p m.

The CAUSE OF DEATH* was as follows:
Brain Tumor - glioma malignant

(duration) 1 yrs. ..... mos ..... ds. .....

CONTRIBUTORY (Secondary) none
(duration) ..... yrs. ..... mos. ..... ds. .....

18 Where was disease contracted if not at place of death? craniotomy

Did an operation precede death? yes Date of 12-14-30

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Fred W Weib, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk. Va — DATE OF BURIAL Dec 16 1930

20 UNDERTAKER John O Mitchell Funeral Home — ADDRESS 1901 Eutaw Place

FROM is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63285 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63285

X 129

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Elizabeth Harden

(a) RESIDENCE No. 311 Lafayette Blvd St. WARD Norfolk-Va-

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	25-			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va-

PARENTS

10 NAME OF FATHER H. H. Dees

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md-

12 MAIDEN NAME OF MOTHER Genia Inggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md-

14 Informant Friends-

(Address)

15 Filed 1 6 1930 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1930, to Dec 16, 1930, that I last saw he alive on Dec 16, 1930, and that death occurred, on the date stated above, at 8:50 A.m.

The CAUSE OF DEATH* was as follows:

Chronic glomerular nephritis - diffuse.

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Norfolk, Virginia

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chemistry; urine examination

(Signed) C. C. Bedell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va.

DATE OF BURIAL Dec 16-30

20 UNDERTAKER J. A. Mitchell

ADDRESS 1900 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63286 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63286

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Baltimore City Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 17-25 ..... WARD)

2-FULL NAME Lena Cogin

(a) RESIDENCE NO. 706 N Gum ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Aug 31, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75		2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Augusta
(State or country) Ga.

PARENTS

10 NAME OF FATHER Amos Smith ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ga.

12 MAIDEN NAME OF MOTHER Delia Prince ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ga.

14 Informant Angelo. J.
(Address) Baltimore City Hosp.

15 Filed 5-22 1930 19 Wm Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-30

17 I HEREBY CERTIFY, That I attended deceased from 8-14-, 1930, to 11-30-, 1930, that I last saw her alive on 11-30-, 1930, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis
Chronic Myocarditis

(duration) ~~yrs.~~ ~~mos.~~ ~~ds.~~

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical examination

(Signed) Fred M. Deuckwald, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

DEC 16 1930

DEC 16 1930 DR. HOWARD A. KELLY

FROM IN very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63287

E 63287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST., 15-21 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Limnios

(a) RESIDENCE NO. 1513 N' Fulton ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1892

7 AGE: Years 38; Months 3; Days 18; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Greece

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greece

14 Informant: Hospital Records
(Address)

15 Filed DEC 16 1930 5283 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1930

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1930, to Dec. 3, 1930, that I last saw him alive on Dec. 3, 1930, and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Jeanes, M. D.

12-4, 1930 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
MARYLAND JONES, M.D.
Commissioner Health

DEC 16 1930

FOR DR. E. WOODAL

FROM IS VERY IMPORTANT. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63288

CERTIFICATE OF DEATH

100-001

E 63288

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1316 N. Spring St., 9-17 Ward)

2-FULL NAME Robert Dorsi

(a) RESIDENCE NO. 1316 N. Spring St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jul 11 30

7 AGE: Years | Months 10 | Days 4 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Dorsi

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Lovie Branch

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va

14 Informant Charles Dorsi
(Address) 1316 N. Spring St

15 Filed DEC 16 1930, 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Powers, M. D.

12/15. 1930 (Address) 508 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
C. HAMILTON JONES
Superintendent
Department of Health

DEC 16 1930

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 63289

E 63289

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 3-4 Ward)

2-FULL NAME Louis Bowen

(a) RESIDENCE NO. 220 S. Spring St St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
about 35 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) "

14 Informant Eastern Police Dist
(Address)

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Apoplexy
Coronary & General Arteriosclerosis
Irreducible Hernia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

Dec 16/30 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL DEC 16 1930 19

20 UNDERTAKER

ADDRESS

Dec 16 1930 5281 ACH

C. HARRISON JONES, M. D. Commissioner Health

Per Wm. E. WOODALL

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63290

161-00 E 63290

CERTIFICATE OF DEATH

REGISTERED NO. 15-68

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1650 N. Bentalou ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Southard

(a) RESIDENCE NO. 1650 N. Bentalou ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Sgl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/15/30

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 1a. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER William E. Southard

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy T. Hurd

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant
(Address)

15 Date DEC 16 1930, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/30

17 I HEREBY CERTIFY, That I attended deceased from 12/15/, 1930, to 12/15/, 1930, that I last saw h— alive on 12/15/30, 19 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (6½ mo)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard J. Ferry, M. D.

12/16/, 1930 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL DEC 16 1930 19

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 40959

E 63291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63291

31

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 8-17 WARD)

2-FULL NAME Arthur McMillan

(a) RESIDENCE NO. 1966 Perlman Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of 4-13-1923

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	8	1	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Amos W. MacMillan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address)

15 Filed 1 6 1930, 19 ..... R. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-14-30

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1930, to Dec 14, 1930, that I last saw him alive on Dec 14, 1930, and that death occurred, on the date stated above, at 5 23 p m.

The CAUSE OF DEATH* was as follows:
Emphysema, tuberculous, Cy
~~Lung abscess, multiple, syp~~ ?

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of Sept 23

Was there an autopsy? no

What test confirmed diagnosis? Gurin pig

(Signed) Rawley M Pavick Jr, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 12/17/1930

20 UNDERTAKER George J Roth Mc

ADDRESS 1135 Hoffman

FOR is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 63292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63292

90

CERTIFICATE OF DEATH.

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1731 Clifview ave ST 9-17 WARD)

2. FULL NAME Margaret Hilliard

(a) RESIDENCE No. 1731 Clifview ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Hilliard

6 DATE OF BIRTH (month, day, and year) May 5, 1875

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

037

9 BIRTHPLACE (city or town) (State or country) Newfoundland.

PARENTS

10 NAME OF FATHER William Kennedy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newfoundland.

12 MAIDEN NAME OF MOTHER Margaret Hearn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newfoundland.

14 Informant Mr. Michael J. Hilliard
(Address) 1731 Clifview ave.

15 DEC 16 1930 19 RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930, to Dec 14, 1930 that I last saw he alive on Dec 14, 1930 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Carditis (duration) 2 years mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Testing

(Signed) W. S. Slades M. D.

(Address) 143 W. Bray

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 17 1930

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto

ATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63293

CERTIFICATE OF DEATH

74-001 E 63293

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 530 W. Hoffman ST., 11 WARD)

2—FULL NAME Minnie Hatton

(a) RESIDENCE NO. 530 Hoffman ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE 60 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): — —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Greenville SC

PARENTS

10 NAME OF FATHER: Tom Boid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Newberry SC

12 MAIDEN NAME OF MOTHER: Tomma Boid

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Newberry SC

14 Informant: W M. Hatton

(Address) 530 W Hoffman St.

DEC 16 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 15, 1930, that I last saw her alive on Dec 15, 1930 and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ✓ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) [illegible], M. D.

Dec 16, 1930 (Address) 1 W Pen St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenville SC

DATE OF BURIAL: Dec 17 1930

20 UNDERTAKER: John H Owens

ADDRESS: 538 Hoffman St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63294

CERTIFICATE OF DEATH.

12 5047 E 63294

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Guilford Ave., ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna May Fuller

(a) RESIDENCE No. 2635 Guilford Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced) WIFE of Wm. K. Fuller

6 DATE OF BIRTH (month, day, and year) Aug. 4th, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Chas. E. Zimmisch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Theresa Hauf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Wm. K. Fuller

(Address) 2635 Guilford Ave.,

15 Filed 1930 C. HAMPSON JONES, M. D. Registrar Wm. Cook

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15th. 1930

17 I HEREBY CERTIFY, That I attended deceased from July 30th. 1928 to December 14, 30.

that I last saw her alive on December 14, 30.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Auto-intoxication

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ella V. Learlolm, M. D.

12/16 1930 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 12/18 1930

20 UNDERTAKER

ADDRESS 1217 St. Paul St.

FOR IS very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 63295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63295

CERTIFICATE OF DEATH.

REGISTERED No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 E 28th St. 9-46 Ward)

2. FULL NAME Frederick Young

(a) RESIDENCE No. 1804 E 28th St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Christiana Steinback Young

6 DATE OF BIRTH (month, day, and year) Oct 6th 1863

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Piano 014

(c) Name of employer Knabe Piano Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis Young
(Address) 1804 E 28th St

15 Filed 161930 19 Mar 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15th 1930

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to Dec 15th, 1930 that I last saw him alive on Dec 15, 1930 and that death occurred, on the date stated above, at 9:25 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) - Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. W. Leitch M. D.

12/16 1930 (Address) 1279 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 12/18 1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CTION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63296

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 63296

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1003 Dukeland Ave ST., WARD)

2—FULL NAME Charles M. Timanus

(a) RESIDENCE NO. 1003 Dukeland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia E Timanus

6 DATE OF BIRTH (month, day, and year) Jan. 8 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	29	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Wm. M. Timanus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara Martin

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Timanus
(Address) 1003 Dukeland Ave.

15 Filed 19 C. HAMPSON JONES, M. D.
Registrar

16 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-1930

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to Dec 15, 1930, that I last saw him alive on Dec 14, 1930 and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Carcinoma of rectum

(duration) 6 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 28, 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Hawkins M. D.

12/16 1930 (Address) 1 E. Cornwall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL 12/17 1930

20 UNDERTAKER J. Fred McCully

ADDRESS 130 E. Front

Spec. 8-16-29 L. F. S. 100 Bks.

S6-0565

E 63297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 63297

24.31

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1450 Light St. ST., ... WARD)

2—FULL NAME Emma Ellis

(a) RESIDENCE NO. 1506 Light St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 17 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Ellis

6 DATE OF BIRTH (month, day, and year) Feb. 27 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

037

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Carl Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Felitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. George Ellis
(Address) 1450 Light St

15 161930 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1930, to Dec 14, 1930, that I last saw her alive on Dec 14, 1930 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Mediastinal growth — new

unknown

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ascites + pleural effusion

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) M. L. Steffler, M. D.

12/16, 1930 (Address) 1219 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 12/17 1930

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fort

Cor.—10-10-29—A Co.—100 Bks.

E 63298

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103 ✓ E 63298

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Mem Hosp St., 9-16 Ward)

2-FULL NAME Georg Schwarzman

(a) RESIDENCE NO. 608 Parkway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Schwarzman

6 DATE OF BIRTH (month, day, and year): June 20-1846

7 AGE: Years 84 Months 5 Days 14 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Germany

PARENTS

10 NAME OF FATHER: Not

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country):

14 Informant: Hosp. Records
(Address)

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-14 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down by auto (moving) as he crossed road

(a) ..... (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Fract Ribs Pneumonic Shock (duration) yrs. mos. da.

18 Where was disease contracted? If not at place of death 5906 York Rd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Stone, M. D.

12-16 1930 (Address) 3934 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Dec 17 1930

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 147 S Pulaski St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 6 1930

E 63299

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 63299

CERTIFICATE OF DEATH

57

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1726 Ballon St ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James McAnally

(Residence in Baltimore: No. 1726 Ballon St. St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug (Month) 12 (Day), 1855 (Year)

7 AGE: 75 yrs. 4 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Norristown Pa

PARENTS

10 NAME OF FATHER: James McAnally

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Angie Smith

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Edith Keys McAnally
(Address) 1726 Ballon St

15 C. HARRISON JONES, M. D.
Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 16 (Day), 1930 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926 to Dec 16 1930, that I saw him alive on Dec 16 1930, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 3 yrs. 11 mos. 15 ds

Contributory (SECONDARY) Diabetic Coma

(Duration) yrs. mos. 96 ds.

(Signed) Irvin Edrington M. D.

Dec 16, 1930 (Address) Pr West Mt Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Philadelphia Pa DATE OF BURIAL: Dec 17 30

20 UNDERTAKER: A D Marshall ADDRESS: 3539 Fallsroad

C 16 1930

NOTE: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 63300

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 W. Franklin ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Thomas

(a) RESIDENCE NO. 1020 W. Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 3 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24th 1892

7 AGE 38 Years 3 Months 17 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor

(c) Name of employer Mrs Farris

9 BIRTHPLACE (city or town) Baltimore City
(State or country) Md

PARENTS

10 NAME OF FATHER James Thomas

11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Md

12 MAIDEN NAME OF MOTHER Julia Dean

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md

14 Informant Maggie Brewster
(Address) 1020 W. Franklin

15 Filed 1 7 1930, 19 J. R. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1930, to Dec 16th, 1930, that I last saw him alive on Dec 16th, 1930 and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. T. Gunn, M. D.

Filed 19 (Address) 522 N. Arlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: 12 18 19

20 UNDERTAKER: Thos. W. Chase & Son

ADDRESS: 1400 Druid

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63301

CERTIFICATE OF DEATH

47 ✓ E 63301

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W Poppleton ST. 18-26 WARD)

2—FULL NAME Luvinia Thomas

(a) RESIDENCE NO. 111 W. Poppleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow Late McGinder Thomas

6 DATE OF BIRTH (month, day, and year): Feb. 26-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Mrs. Lyon Barnes

9 BIRTHPLACE (city or town) (State or country): Charles Co Md

PARENTS

10 NAME OF FATHER: Robert Joyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles Co Md

12 MAIDEN NAME OF MOTHER: Mary Elizabeth Morton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Daisy Wyatt
(Address) 111 W. Poppleton

15 Filed ..... 19 .....
C. HARRISON JONES, M. D. Registrar

171930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 14, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Dec 14, 1930, that I last saw her alive on Dec 14, 1930 and that death occurred, on the date stated above, at 10 55 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma (duration) 6 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Metastasis - Breast Removed about 13 or 14 months ago (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Breast Johns Hopkins

Did an operation precede death? Yes Date of 1929

Was there an autopsy? No

What test confirmed diagnosis? X Ray - Physical

(Signed) Wm H Wright, M. D.

12/5, 1930 (Address) 209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Dec. 17, 1930

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—1-30—M. & T.—250 Bks.

E 63302 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63302

46

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Calhoun ST. 15-22 WARD)

2-FULL NAME Bessie F. Biddle

(a) RESIDENCE NO. 1326 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C. | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 - 1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George W. Biddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca J. Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George W. Biddle
(Address) 1326 N. Calhoun St

15 Filed ..... 19 ..... Registrar

171935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1930, to Dec 16, 1930, that I last saw her alive on Dec 15, 1930 and that death occurred, on the date stated above, at 2-15 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Do not Know

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Dec 16, 1930 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. Of. Lane Gem | DATE OF BURIAL Dec 19 1930

20 UNDERTAKER Wm. H. Case & Son | ADDRESS 1400 Broadway

FOR A VERY IMPORTANT USE OF DEATH CERTIFICATES, SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

1-30—M. & T.—100 B—50L

E 63303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63303

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pythian Castle.

CITY OF BALTIMORE: (No. Charles & Preston Sts. ST. 11-20 WARD)

2-FULL NAME William Grossman.

(a) RESIDENCE No 145 W. 58th St. New York City ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred En yrs route mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Carrie B. Grossman.

6 DATE OF BIRTH (month, day, and year) October 4, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer. and
(b) General nature of industry, business, or establishment in which employed (or employer) Supreme Vice-
(c) Name of employer Chancellor K. of P.

9 BIRTHPLACE (city or town) (State or country) New York City-

PARENTS

10 NAME OF FATHER Henry Grossmnn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary.

12 MAIDEN NAME OF MOTHER Catherine L. Jaznity.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant William Lewis. (son in law)
(Address) 540 Hamilton Rd. S. Orange. N. J.

15 Filed 12/17 1930, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16, 1930 [19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary and Myocardial Insufficiency.
Acute dilatation of the Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hennard, M. D. Coroner

12/17/1930 (Address) 017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kensico Cemetery New York.

DATE OF BURIAL 12/17/1930

20 UNDERTAKER David Londheimer Son

ADDRESS 1902 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63304

44 ✓

E 63304

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 E. Monument ST., 6-9 WARD)

2-FULL NAME Meta Schaefer

(a) RESIDENCE No. 2007 E. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Schaefer

6 DATE OF BIRTH (month, day, and year) Apr 21 1848 54

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gerhard H Roben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine –

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Eliz M Schaefer
(Address) 2007 E. Monument St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/30

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Dec 15, 1930, that I last saw her alive on Dec 15, 1930 and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Gastric)

(duration) ..... yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Walter H White Jr, M. D.

12/16 1930 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem

DATE OF BURIAL Dec 18 1930

20 UNDERTAKER Philips Herwig

ADDRESS 2016 Eutaw St

FOR IS A VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63305

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 63305

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 1521 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Enten

(a) RESIDENCE No. 1607 Moreland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Paul Enten

6 DATE OF BIRTH (month, day, and year) — 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sidney Enten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Kenn
(Address) 1521 Moreland

DEC 17 1930

Filed ..... 19 ..... HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Dec 16, 1930, that I last saw him alive on Dec. 16, 1930, and that death occurred, on the date stated above, at 9:20 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) George H Rosenberg M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Adath Israel	12-17-1930

20 UNDERTAKER	ADDRESS
Isaac Rivers	1439 Eutaw

Spec.—1-30—M. & T.—250 Bks.

E 63306 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63306

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 15-64 WARD)

2-FULL NAME Ida Snyder

(a) RESIDENCE No. 3922 Maine Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Wm Snyder

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Yelma Berkowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Laura
(Address) 1130 Eager St

~~THAMPSON JONES, M.~~

15 Filed ....., 19 ..... Registrar

C 171930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 16, 1930, that I last saw her alive on Dec 16, 1930, and that death occurred, on the date stated above, at 7.43 P m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) ....yrs. ....mos 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis - Myocardial Degen

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) George H. Romberg M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lurabia

DATE OF BURIAL 12-17 1930

20 UNDERTAKER Jacob Levin

ADDRESS 1739 E Baltimore St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63307

CERTIFICATE OF DEATH.

90 E 63307

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1305 Linden Ave. ST 11-24 WARD)

2 FULL NAME Charles L. Gambrill

(a) RESIDENCE NO. 1305 Linden Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Kenly Gambrill

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk, Mercantile

(b) General nature of Industry, business, or establishment in which employed (or employer) Bank

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. A. Gambrill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George T. Kenly
(Address) 2006 Mt. Royal Ave.

15 Filed DEC 17 1930 J. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16. 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1930, to Dec. 14, 1930 that I last saw him alive on Dec. 14, 1930 and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms of last attack

(Signed) Wilmer Fort M. D.

12/17, 1930 (Address) 20 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL Dec 18. 1930

20 UNDERTAKER John O. Mitchell & Sons.

ADDRESS 1900 Eutaw Place

FOR ... IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63308 E 63308

HEALTH DEPARTMENT—CITY OF BALTIMORE

87V

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 E Henrietta St. 22-33 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Susie E Montag

(a) RESIDENCE NO. 42 E Henrietta ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William J. Montag

6 DATE OF BIRTH (month, day, and year) May 20 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of Industry, business, or establishment in which employed (or employer) home

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William H. Stiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard C Md

12 MAIDEN NAME OF MOTHER Matilda A Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll C Md

14 Informant Mr William J. Montag

(Address) 42 E Henrietta St.

Filed ..... Registrar

EC 17 1930 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 15, 1930

that I last saw her alive on Dec 15, 1930

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) F. Edw. Smith M. D.

Dec 16 1930 (Address) 910 Eights St.

(*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Dec 19 1930

20 UNDERTAKER: John F Denny

ADDRESS: 715 Light St

HOW is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63309

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-001

E 63309

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 5-8 Ward)

2-FULL NAME Katie Lomax

(a) RESIDENCE NO. 502 N. Central Ave St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	black	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Lomax

6 DATE OF BIRTH (month, day, and year) December 22/78

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
51	52	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

037

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Ridgon

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Pervine

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant James Lomax
(Address) 502 N. Central Ave

Filed DEC 17 1930 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulated Hernia* Intestinal Obstruction

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? At home
If not at place of death?

Did an operation precede death? yes Date of Dec 15/30

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

Dec 16/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Dec 18 1930

20 UNDERTAKER Quilton Davis

ADDRESS 213 N. Eden St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63310

E 63310

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Valley ST. 10-14 WARD)

2-FULL NAME Owen J. Murphy

(a) RESIDENCE No. 1105 Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mr Nellie A Murphy

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nellie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Nellie A. Murphy
(Address) 1105 Valley St

15 Filed 1-7-1930, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov - 1 - 1930, to Dec - 16, 1930, that I last saw him alive on Dec - 16 - 1930, and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Maulen Lee Shook, M. D.

12/16/33 (Address) 806 N Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 19 1930

20 UNDERTAKER Henry Hauck Sons Inc — ADDRESS 820 E Eager St

Cor.—10-10-29—A Co.—100 Bks.

E 63311

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63311

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1804 Greenmount Ave St., 12-50 Ward)

2-FULL NAME David McGregor

(a) RESIDENCE NO. 1804 Greenmount Ave St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year): November 1896

7 AGE: Years 34 | Months 1 | Days ..... | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Slate Roofer
(b) General nature of industry, business, or establishment in which employed (or employer): 086
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Wm. H. McGregor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Mary C. McCourt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: John D. McGregor
(Address): 1303 Wirt St

15 Filed ..... 19..... G. HAMILTON JONES, M. D. Registrar

DEC 17 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. T. Owens M. D.

(Address) 508 E. North Ave

Dec 16/30

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Dec. 19 1930

20 UNDERTAKER: Henry Hoeck Sons Inc. — ADDRESS: 1311 E Eager

Spec.—9-30—A. & Co.—250 Bks.

E 63312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63312

CERTIFICATE OF DEATH

31

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Carrollton Ave ST. WARD)

2. FULL NAME Harry Savage

(a) RESIDENCE No. 609 N Carrollton Ave ST. WARD (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: colored

5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Savage

6. DATE OF BIRTH (month, day, and year): May 14 1902

7. AGE: Years 28 Months 8 Days 2 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolfuer

(b) General nature of industry, business, or establishment in which employed (or employer): 023

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10. NAME OF FATHER: John Savage

11. BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12. MAIDEN NAME OF MOTHER: Elizabeth Savage

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14. Informant: Jessie Savage (Address): 609 N Carrollton Ave

15. Filed DEC 17 1930 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Dec. 16/30

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1930 to Dec 16 1930 that I last saw him alive on Dec 1 1930 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Mitchell Fisher M. D.

Dec 16 1930 (Address) 1111 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 17 1930

20. UNDERTAKER: James E Wright

ADDRESS: 609 N Carrollton Ave

FOR instructions on back of certificates. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63313

44

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1810 Mod. ave. ST.) 4-20 WARD)

2-FULL NAME Laurence Rose

(a) RESIDENCE NO. 1810 Mod. ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma Adkins
(Address) 1810 Mod. ave

15 Filed 7/1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 17/4/30

17 I HEREBY CERTIFY, That I attended deceased from 11/24/30, 19 30, to 17/4/30, 19 30, that I last saw h. alive on 17/4/30 and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows: Cancer of Stomach

(duration) yrs. 7 mos. 1 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) 1 yr. mos. 7/7/30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chi, M. D.

17/7/30 (Address) Gay mod. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 17/7 1930

UNDERTAKER Samuel Schmeisler

ADDRESS 578 N. Paulson St

Spec.—1-30—M. & T.—250 Bks

E 63314

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 63314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hosp. 19-Mo

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME John W. Chalmers

(a) RESIDENCE No. 408 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Virginia

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sheet metal worker
(b) General nature of industry, business, or establishment in which employed (or employer) 084
(c) Name of employer himself

9 BIRTHPLACE (city or town) B-lto.
(State or country) Md.

PARENTS
10 NAME OF FATHER John W. ?
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.
12 MAIDEN NAME OF MOTHER Elizabeth ?
13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Md.

14 Informant Records of
(Address) B-lto. City Hosp.

15 Filed C 171930 Hartman Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-30

17 I HEREBY CERTIFY, That I attended deceased from 12-10-30, 19..., to 12-16-30, 19...,
that I last saw him alive on 12-16-30, 19...,
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Ulcer of pylorus
unknown (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 12-13-30
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) Fred M. Dunkwall, M. D.
, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park
DATE OF BURIAL Dec. 19 1930

20 UNDERTAKER Geo. W. Little
ADDRESS 2700 Edmondson Ave.

1-30—M. & T.—100 B—50L

E 63315

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63315

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Mount ST., 15-21 WARD)

2-FULL NAME Wm. M. Jones.

(a) RESIDENCE NO 1512 N. Mount ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Red

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Jones

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Porter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Miss

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lillian Jones

(Address) 1512 N. Mount

15 Filed ..... 192 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL 12/19 1930

20 UNDERTAKER Edward Foulson

ADDRESS Wash Blvd

TION is very important. See instructions on back of certificate.

C 177330

Spec.—1-30—M. & T.—250 Bks

E 63316

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63316

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 612 W. Fairmount Ave ST., 4-25 WARD)

2-FULL NAME Emma Mann

(a) RESIDENCE No. 612 W Fairmount Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Mann

6 DATE OF BIRTH (month, day, and year) —1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Marshall Berg
(State or country) Virginia

PARENTS

10 NAME OF FATHER Jude Shelton

11 BIRTHPLACE OF FATHER (city or town) Marshall Berg
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Minnie Harris

13 BIRTHPLACE OF MOTHER (city or town) Marshall Berg
(State or country) Virginia

14 Informant Katie Savage
(Address) Norfolk Va

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16/30

17 I HEREBY CERTIFY, That I attended deceased from 12/8, 1930, to 12/16, 1930, that I last saw h[illegible] alive on 12/16, 1930 and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Spasmodic Bronchitis (duration) — yrs. — mos. 7 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) Dan Drucker, M. D.

12/16 1930 (Address) 122 W Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL 12-18 1930

20 UNDERTAKER Dennis Carson — ADDRESS 916 Park

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63317

31

E 63317

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1407 Askew Alley St. 5-9 Ward)

2-FULL NAME Sarah Little

(a) RESIDENCE NO. 1407 Askew Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
about	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va?

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) "

14 Informant Police Dept.
(Address)

15 ... 1930 18 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2/30 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulm. Tuberculosis

(duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(duration) ..yrs. ..mos. ..ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bullen, M. D.

12/15 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 17 1930

20 UNDERTAKER C. Harrison Jones Jr. Commissioner Health

ADDRESS

THE MORGUE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63318

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 63318

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S Bond ST., 3-4 WARD)

2-FULL NAME Frank Justus

(a) RESIDENCE NO 419 S Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) :
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably acute alcoholism was found under bed missed for 5 or 6 day (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ..... Date of .....

Did an operation precede death? no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase St 12 14 1930

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremated and interred in Baltimore

DATE OF BURIAL Jan 20 1931 DEC 1 19 33

20 UNDERTAKER Leo B. Cook

ADDRESS 1723 N. Patterson Pk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation TION is very important. See instructions on back of certificate.

C. HARRISON JONES, M. D.
Commissioner Health.

177930

MORGUE

Spec.—9-30—A. & Co.—250 Bks

E 63319 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63319

42

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3027 E. Balto St. ST. 1-2 WARD)

2. FULL NAME Mary F. Long

(a) RESIDENCE NO. 3027 E. Balto. St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Brooksbury Long

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1849

7 AGE Years 80 Months 11 Days 25 If LESS than 1 day, ...hrs. or ....min.

81

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbia Pa

PARENTS

10 NAME OF FATHER Star Hoyt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Hester McFadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Hester Roberts
(Address) 3027 E. Balto. St.

15 171930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1930, to Dec. 15, 1930. that I last saw her alive on Dec. 15, 1930 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kroger M. D.

19 (Address) 2027 Eastland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Century

DATE OF BURIAL 12/18/1930

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Aged Women's Shelter 14-001

REGISTERED No. E 63320

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W Biddle ST. 1 WARD)

2. FULL NAME Mary Lee

(a) RESIDENCE No. 517 W Biddle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1848 ?

7 AGE: Years 80 ? Months – Days – If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Girl

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Record Aged Women's Shelter
(Address) 517 W Biddle St

Filed DEC 18 1930 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/16/30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1930, to Dec. 16, 1930, that I last saw h alive on Dec. 16, 1930, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettelwin M. D.

19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 12/18 1930

20 UNDERTAKER: Samuel T. Hemsley

ADDRESS: 578 W Biddle

See instructions on back of certificates. ATTENTION is very important.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63321

CERTIFICATE OF DEATH.

101-001

E 63321

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 5-8 WARD)

2-FULL NAME Charles Rubin

(a) RESIDENCE NO. 1001 E. Fayette ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Minerva Rubin

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Ida —

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Frank
(Address) 1439 E Baltimore St

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

C 7 8 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-30

17 I HEREBY CERTIFY, That I attended deceased from 12-12, 1930, to 12-18, 1930, that I last saw him alive on 12-18, 1930, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(type undetermined)

(duration) _____ yrs. _____ mos 6 ds.

CONTRIBUTORY
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Charles Robert Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lorelei

DATE OF BURIAL 12-18- 1930

20 UNDERTAKER Frank Levin

ADDRESS 1439 Baltimore St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63322

188 E 63322

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hosp St., 11-24 Ward)

2-FULL NAME Eliz West

(a) RESIDENCE NO. 1020 N. Eutaw St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: 70 Years; Months: Not Known; Days: ; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic
(c) Name of employer:

9 BIRTHPLACE (city or town) .....
(State or country): Wash D.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Unknown

14 Informant: Hosp Records
(Address)

15 Filed: DEC 16 1930 HAMILTON JONES, Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Hypostatic Pneumonia following a concussion of the brain caused by her being struck by auto (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(a) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hospital + Eutaw

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. J. Braun, M. D.

12/17/1930 (Address) 1732 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 12/17 1930

20 UNDERTAKER: Michael G. Bailey

ADDRESS: 1421 Jefferson St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63323 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 63323

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Mosher ST. 16-23 WARD)

2—FULL NAME Gladys I. Bentley

(a) RESIDENCE NO. 1223 Mosher ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) S

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18-1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	18		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John E. Kirtley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Essie Kirtley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hattie Bullock
(Address) 1223 Mosher

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 30

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1930, to Dec 16, 1930, that I last saw h... alive on Dec 16, 1930 and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) ...yrs. 20 mos. ...ds.

CONTRIBUTORY (Secondary) 0

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. McFetter M. D.

12/17 1930 (Address) 1223 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 12-20 1930

20 UNDERTAKER Saml H Chase Sons

ADDRESS 1400 Mosher

Spec.—2-29-28—L. F. S.—500 Bks.

E 63324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

REGISTERED NO. E 63324

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Cosgrove St. ST., 5-8 WARD)

2—FULL NAME Ellen L. Parker

(a) RESIDENCE NO. 207 Cosgrove St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 10 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) —

7 AGE: Years 60 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Of

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: E. Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Randolph Johnson
(Address): 102 Diamond St

15 Filed Dec. 19, 1930 MARYSON JONES, M. D. Registrar

DEC 19 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16 30

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 16, 1930, that I last saw he alive on Dec 16, 1930 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Paralysis Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) C. H. Horton, M. D.

Dec 17, 1930 (Address) 711 S. Mary Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: Dec. 19 1930

20 UNDERTAKER: V. R. Brown & Son

ADDRESS: 108 W. Monroe

Spec.—1-30—M. & T.—250 Bks

E 63325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63325

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Charlotte Ave. ST. 26-37 WARD)

2-FULL NAME Ella McNew

(a) RESIDENCE No. 1522 Charlotte Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank McNew

6 DATE OF BIRTH (month, day, and year) Sept. 21 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	54	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Dannenfelser

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Frank McNew, Jr.
(Address) 1522 Charlotte Ave

15 Filed DEC 19 1930 19..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 17, 1930, that I last saw h... alive on Dec 16, 1930, and that death occurred, on the date stated above, at 9:25 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) Gradual yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 4 ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Filson, M. D.

12/17, 1930 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Dec 20 1930

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager st

Cor.—10-10-29—A Co.—100 Bks.

E 63326

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E 63326

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 217 N. Ann St. 6-9 Ward)

2-FULL NAME Fred Jackson

(a) RESIDENCE NO. 217 N. Ann St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) East New Market
(State or country) Md

PARENTS

10 NAME OF FATHER William Jackson, Md.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Fraser

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Hattie Jackson
(Address) 217 N. Ann St.

15 Filed DEC 18 1930 C. HAYSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Hopkins Records

(Signed) J. H. Allen, M. D.

Dec 18/930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL East New Market

DATE OF BURIAL Dec 19, 30

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63327

74-001

E 63327

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. En route to University Hospital ST. OR WARD)

2-FULL NAME Joseph Batty

(a) RESIDENCE No. 923 Myrtle Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Batty

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elsie Pratt

(Address) 1131 Etting St

15 Filed ..... 192..... Registrar

C. HARRY JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Feldt, M. D. Coroner

12/18 1930 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft. Auburn Cem

DATE OF BURIAL 12/18 1930

20 UNDERTAKER Samuel Hemsley

ADDRESS 578 McCulloh

TION is very important. See instructions on back of certificate.

DEC 18 1930

Cor.—10-10-29—A Co.—100 Bks.

E 63328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178 E 63328

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St. 5-8 Ward)

2-FULL NAME Matthew Mitchell

(a) RESIDENCE NO. 531 Somerset St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Mitchell

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) St. Marys Co., Md.

PARENTS

10 NAME OF FATHER John Mitchell

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Sewell

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Mrs. R.C.Gross
(Address) 1408 Sahland Ave

15 Filed ..... 19..... Registrar

C 18 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidently burned by exploding oil heating stove on Dec 12/30

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted at home
If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D.

Dec 16/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 16, 1930

20 UNDERTAKER	ADDRESS
Lathe Gross	1408 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Vanderberg

E 63329

HEALTH DEPARTMENT—CITY OF BALTIMORE

10Y-001 E 63329

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos ST., 76-27 WARD)

2-FULL NAME John Bunderberg (Vanderberg)

(a) **RESIDENCE** NO. Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant .....
(Address) .....

15 Filed ..... 1930 HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY
(Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon, M. D.
Coroner

12/14 1930 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 17 1930

20 UNDERTAKER

ADDRESS

C 131930

UNIVERSITY OF MARYLAND

Commissioner Health

SECTION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63330

HEALTH DEPARTMENT—CITY OF BALTIMORE

162

E 63330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Cardenas ST., 8th WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Mitchell

(a) RESIDENCE NO. 1702 E 33rd ST., 8th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15. 1930

7 AGE Years Months Days 2 3 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carroll Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Carroll Mitchell (Address) 1702 E 33rd St

15 Filed DEC 18 1930 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-30

17 I HEREBY CERTIFY, That I attended deceased from 12-15-30, 19..., to 12-17-30, 19...,

that I last saw h alive on 12-17-30, 19...,

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Congenital Asphyxia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N B Hendrix, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 12/20 1930

20 UNDERTAKER J M Cook

ADDRESS 1217 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63331

CERTIFICATE OF DEATH.

57 E 63331

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 6-11 ..... WARD)

2-FULL NAME Mary Kitson

(a) RESIDENCE NO. 6 N. Hare ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Kitson

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Leiusz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-30

17 I HEREBY CERTIFY, That I attended deceased from 12-4-30, 19..., to 12-16-30, 19..., that I last saw her alive on 12-16-30, 19..., and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus,

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Gangrene, diabetic

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory, clinical exam.

(Signed) Paul Padget, M. D.

12-17 19 30 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 12/20/1930

20 UNDERTAKER Wm Cook — ADDRESS 1217 St. Paul St

HARRY JONES, M. D.

DEC 18 1930

Spec.—2-29-28—L. F. S.—500 Bks.

E 63332

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 ✓ E 63332

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S. Bonsal ST., 26 WARD)

REGISTERED NO. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Baker

(a) RESIDENCE NO. 412 S. Bonsal ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17 1930

7 AGE	Years	Months	Days	If LESS than 1 day 2 hrs. or ~~1~~ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Good

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER James P. Baker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louise R White

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant James P. Baker
(Address) 412 S. Bonsal St

15 Filed DEC 19 1930 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 18, 1930, that I last saw him alive on Dec 18, 1930 and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

8 months Foetus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Sutton, M. D.

12/18, 1930 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Dec. 19 1930

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st.

Spec.—1-30—M. & T.—250 Bks.

E 63333

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63333

CERTIFICATE OF DEATH.

28-63

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mt Hope Retreat ST. ..... WARD)

2-FULL NAME Margaret T. Gordon (Sr Alexia Rosario)

(a) RESIDENCE No. Mt Hope Retreat ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) unknown
(State or country) Ireland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) unknown

14 Informant Mt Hope Records
(Address) Mt Hope Retreat

15 Filed ....., 19.... C. HERBERT JONES, M. D. Registrar

DEC 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17. 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Dec. 17, 1930, that I last saw her alive on Dec. 17, 1930, and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis
(Pulmonary Congestion)
(Dropsy)

(duration) 6 yrs. 1 mos 0 ds.

CONTRIBUTORY (Secondary) Dementia Praecox

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Catholic Cemetery	Dec. 19 1930

20 UNDERTAKER	ADDRESS
Stewart & Company	Balto.

Spec.—1-30—M. & T.—250 Bks

E 63334

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63334

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway St. 6-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Crawford, Alice

(a) RESIDENCE NO. Church Home ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Crawford

6 DATE OF BIRTH (month, day, and year) June 22, 1850

7 AGE	Years	Months 5	Days 25	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER ? Speed

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Mrs Geo Keith
(Address) 117 Eutaw Place

15 Filed DEC 18 1930 19 Name C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1930, to December 17th, 1930, 4:30 pm, that I last saw her alive on December 17th, 1930, and that death occurred, on the date stated above, at 4 pm m.

The CAUSE OF DEATH* was as follows:

~~Gastric hemorrhage~~
Gastric Ulcer

(duration) ....yrs. ....mos ....da.

CONTRIBUTORY (Secondary) ~~Arteriosclerosis~~ Gastric Hemorrhage
(duration) ....yrs. ....mos. ....da.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of ....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Dec 19 1930

20 UNDERTAKER Geo J. Mc Luce

ADDRESS W. Broadway

Spec.—1-30—M. & T.—250 Bks

63335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jenkins Memorial St Agnes Hospital — ST. WARD

REGISTERED NO. 2533 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME John G. Dauer

(a) RESIDENCE NO. 1217 S Charles ST. 23rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Dauer

6 DATE OF BIRTH (month, day, and year) Feb 16 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
61	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Cutter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank Dauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Dora Dauer (Address) 1217 S Charles St

15 Filed C 18 1930 C. HAMPSON JONES, Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15th 30

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 15, 1930, that I last saw him alive on Dec 14, 1930, and that death occurred, on the date stated above, at 5 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 3 ....ds.

CONTRIBUTORY (Secondary) Carcinoma of gastric tract & pain.

(duration) ....yrs. 6 mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Robt Heise, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Dec 19 30

20 UNDERTAKER F. A. Hosmanson

ADDRESS 703 Hon

Spec.—1-30—M. & T.—250 Bks

E 63336 HEALTH DEPARTMENT—CITY OF BALTIMORE 3/ E 63336

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B. 6-10

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Cornelius Molloy

(a) RESIDENCE NO. 226 N. Rose st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Minnie

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Cornelius

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rosie Gallagher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hospital Records
(Address)

15 C. HAMPSON JONES, M. D.
Coroner

81930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1930

17 I HEREBY CERTIFY, That I attended deceased from June 25, 19 30, to Dec. 15, 19 30, that I last saw him alive on Dec. 15, 19 30, and that death occurred, on the date stated above, at 8.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner, M. D.

12-16-30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm. Carmel Lem

DATE OF BURIAL Dec. 19 1930

20 UNDERTAKER Mrs. E. Miller & Son

ADDRESS 2334 Jefferson St.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63337

91-002

E 63337

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Francis Koehler

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 9th 1852

7 AGE: Years 78 Months 9 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thomas Clagett

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Eliz. Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Little Sisters of the Poor

Address: .....

DEC 18 1930

Filed ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1930, to 12/17, 1930, that I last saw him alive on 12/16, 1930, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Bernard Lee M. D.

Dec 18 1930 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: Dec 18 1930

20 UNDERTAKER: Rita Wiedefeld

ADDRESS: 914 Gramont Ave

Spec.—1-30—M. & T.—250 Bks.

E 63338

HEALTH DEPARTMENT—CITY OF BALTIMORE

Health Department
161-001 Death Record
E 63338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-21 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Martin

(a) RESIDENCE NO. 719 W. Wilkinson Ave ST., _____ WARD _____
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years _____ Months _____ Days _____ If LESS than 1 day, 15 hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Harry Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Md.

12 MAIDEN NAME OF MOTHER: Lillian Penn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. Md.

14 Informant _____
(Address) _____

15 F. C. HARRISON JONES, M. D.
DEC 18 1930
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-17-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Dec 17, 1930, that I last saw her alive on Dec 17, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Paul Oleemann, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: DEC 18 1930

20 UNDERTAKER: Commissioner Health.

ADDRESS

Spec.—8-16-29—L. F. S.—100 Bks.

E 63339

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63339

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 E. Jefferson ST. 6-9 (WARD)

2—FULL NAME Harrett Bolden

(a) RESIDENCE NO. 1725 E. Jefferson ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bolden

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 47 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic service

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Leaksville N.C.

PARENTS

10 NAME OF FATHER: Columbus Ackins

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Grace King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Grace Jenkins
(Address) 1725 Jefferson St

15 C. HAMPSON JONES Jr. Registrar

181930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/16/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1930 to Dec. 16, 1930 that I last saw her alive on Dec. 15, 1930 and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary hemorrhage about 10 minutes
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

19 (Address) 1512 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leaksville N.C.

DATE OF BURIAL: Dec. 18 1930

20 UNDERTAKER: Mrs J. G. Locks

ADDRESS: 1302 Jefferson

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63340

90 ✓ E 63340

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Boone St ST., 9-46 WARD)

2—FULL NAME Annie E. Bailey

(a) RESIDENCE NO. 1901 Boone ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Bailey

6 DATE OF BIRTH (month, day, and year): July 24, 1849

7 AGE: Years 81 | Months 4 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Samuel A. Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Dorothy A. Aaron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Miss Sue Bailey
(Address) 1901 Boone St

15 FILED: DEC 18 1930 BY: C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17, 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Dec. 17, 1930, that I last saw h. alive on Dec 16, 1930, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure test

(Signed) Jno Deleratt M. D.

D. C. H. 1930 (Address) 621 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: Dec. 19 1930.

20 UNDERTAKER: Horace F. Burgee

ADDRESS: 363 Falls Road

Spec.—1-30—M. & T.—250 Bks

E 63341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63341

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 Light ST. 23-34 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Woolmer

(a) RESIDENCE No. 1840 Light ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Stewart Woolmer

6 DATE OF BIRTH (month, day, and year): Aug. 26 1857

7 AGE: Years 73 Months 3 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Natural Enameling & Stamping

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: George Woolmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Margaret McGee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Alice Perkins
(Address) 1840 Light St.

15 FILED DEC 8 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1930, to Dec 16, 1930, that I last saw him alive on Dec. 13, 1930, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:
Senile Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. F. Hawkins, M. D.

12/18, 1930 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Dec 19, 1930

20 UNDERTAKER: Margaret E. Flynn

ADDRESS: 1422 Light St.

Spec.—1-30—M. & T.—250 Bks.

E 63342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63342

CERTIFICATE OF DEATH.

10-14-129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10 WARD)

2-FULL NAME Catherine Galvin

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13th 1855

7 AGE: Years 75 Months 1 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Roger Galvin

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eliz. Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley St.

15 Filed 1-8-1930 19 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1930, to 12/17, 1930, that I last saw h. alive on 12/16, 1930, and that death occurred, on the date stated above, at 12. 2. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis
Uremia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Benedlott, M. D.
12/17, 1930 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lot Priv. Cem. Laurel Md.

20 UNDERTAKER Chenowith Low

DATE OF BURIAL Dec 19 1930.

ADDRESS 3615 Chestnut Ave

Cor.—10-10-29—A Co.—100 Dup.

E 63343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63343

13-57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

City of Baltimore: (No. St. Joseph Hospital St., Ward)

2-FULL NAME Whit Embrey

(a) RESIDENCE NO. 1343 Sycamore Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Embrey

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) City Park Board
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) "

14 Informant Raymond Embrey (son)
(Address) 3506 Clipper Road

15 Filed ....., 19..... C. HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency
(Fell to ground while at work
Hillen Road near Hamilton Ave)

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? as stated above

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) J. J. Dolan, M. D.

Dec 17 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Manassas Va.	Dec 19 1930
20 UNDERTAKER	ADDRESS
Chinowetts Son	3 S Calhoun Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

DEC 19 1930

Spec.—1-30—M. & T.—250 Bks.

E 63344 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63344

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Guardo

(a) RESIDENCE NO. 1205 Baylor (Baylis) ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1884

7 AGE: Years 46 Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carwasher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railway + Elec Co

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Kilcey
(Address)

15 Filed DEC 18 1930 19 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1930

17 I HEREBY CERTIFY, That I attended deceased from 7-29-30, 19..., to 12-18-30, 19..., that I last saw him alive on 12-18-30, 19..., and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical -

(Signed) Lawrence M. Sears, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9 30—A. & Co.—250 Bks.

Dr Da Hoff 2020 N. Char St

E 63345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63345

CERTIFICATE OF DEATH.

90

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3174 Remington Ave WARD) 51

2-FULL NAME Emma J. Boblits

(a) RESIDENCE No. 3174 Remington Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	55	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael J Boblits

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla R Royston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant E. F. Boblits
(Address) 340 Yellow Place S.E. Wash. D.C.

15 Filed ..... 19 .....

C. HARRISON JONES, M. D.
Registrar

8 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1930

17
I HEREBY CERTIFY, That I attended deceased from June, 1930, to Dec 18, 1930
that I last saw her alive on Dec 18, 1930
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Ch. Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchiectasis
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Alwood B ..... M. D.

12/18/1930 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's (Name plain) Cemetery

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

FROM is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63346

49

CERTIFICATE OF DEATH.

REGISTERED No. 30-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S.Marine Hospital ST. WARD)

2-FULL NAME Arthur O. Porter

(a) RESIDENCE No. 1937 W. Mulberry St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Helen Andrews Porter

6 DATE OF BIRTH (month, day, and year) November 17,1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S.Howard W.Jackson

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Maryland

PARENTS

10 NAME OF FATHER Owen Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hester Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records, U. S. Marine Hospital
(Address)

15 Filed 1 8 1930, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18,1930

17 I HEREBY CERTIFY, That I attended deceased from December 2, 19 30, to Dec. 18, 19 30,

that I last saw him alive on Dec. 18, 19 30,

and that death occurred, on the date stated above, at 8.25 a.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma, left kidney

(duration) undetermined. yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of December 10.30

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.findings

(Signed) [illegible], M. D.

12/18/30 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 12/20/19 30

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec. Mrs

Spec.—9-30—A. & Co.—250 Bks.

2554 Hoch Blvd.

E 63347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 NE 63347

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Georgetown Rd. ST., ... WARD) 25-72

2. FULL NAME Julia Emma Knight

(a) RESIDENCE No. 2811 Georgetown Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion O.

6 DATE OF BIRTH (month, day, and year): Sept 5 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm Piper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Sarah Coggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Marion Knight
(Address) 2811 Georgetown Rd.

15 Filed: 18 1930 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16 1930

17 I HEREBY CERTIFY, That I attended deceased from January 30, to Dec 16, 1930 that I last saw her alive on Dec 16, 1930 and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Geo McCuffin M. D.

Dec 30 19 30 (Address) 1257 Bond Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Dec. 19 1930

20 UNDERTAKER: Wm Cole — ADDRESS: St Paul & Preston

FOR IS very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 86-002 E 63348

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 7-9 Ward)

2-FULL NAME Paul M. Morelock

(a) RESIDENCE NO. 30 Admiral Boulv. Dundalk Md St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie S. Morelock

6 DATE OF BIRTH (month, day, and year) June 30/1896

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	34	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Penna. R.R.

9 BIRTHPLACE (city or town) Silver Run, Md.
(State or country)

PARENTS

10 NAME OF FATHER Milton Morelock

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Siver Run, Md.

12 MAIDEN NAME OF MOTHER Susanna Renicker

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Silver Run, Md.

14 Informant Marie Morelock
(Address) Dundalk, Md

15 Date 1930 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Brain Abcess- Mastoid Infection

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Dece 17/30

Was there an autopsy? no Surgeon's drawing

What test confirmed diagnosis? .....

(Signed) [signature], M. D.

Dec 18/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Silver Run Md Cemetery

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Cor. 1930

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 63349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 V001 E 63349

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1510 E. Chase St., 8-13 Ward)

2-FULL NAME Matilda Wilhelm

(a) RESIDENCE NO. 1510 E. Chase St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Wilhelm

6 DATE OF BIRTH (month, day, and year): Feb 10/1860

7 AGE: Years 70 | Months 10 | Days 7 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Geo. C. Heinzerling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie Zirick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Marie C. Gorely
(Address) 1221 Staples St. N.E. Wash.

15 FILED 1 8 1930 19 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17/30 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy*
Accidental Fall at home 4 weeks
dislocated shoulder

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) A

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? shoulder set Dec 16t

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D.

Dec. 18/30 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D.C. Washington D.C. Prospect Hill Cemetery

DATE OF BURIAL: 12/20 1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63350

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 63350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 14-20

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ ST., _____ WARD)

2-FULL NAME Roland Williams

(a) RESIDENCE NO. 1618 E. Madison st. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	23	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James G. Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Blanche Morgan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed 19 1930 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1930, to Dec. 16, 1930, that I last saw him alive on Dec. 16, 1930, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Intestinal tuberculosis

(duration) 1 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Feuer, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Auburn Cem — DATE OF BURIAL 12-19-30

20 UNDERTAKER Geo. W. Skinner — ADDRESS 1625 E. Mad st

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63351 E 63351

X 324-002

24 33

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD)

2-FULL NAME Felix Richter.

(a) RESIDENCE No ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 38 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~WIFE of Husband~~ HUSBAND of (or Wife of) ~~XXXXXX~~ Anna Richter.

6 DATE OF BIRTH (month, day, and year) January 13, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER John Richter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Anna Richter. (wife)
(Address) Saunders Range, Glen Burnie, Md.

15 Filed ..... 192 ..... Registrar

191930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted Saunders Range. G. G. Co.
If not at place of death? Dec. 17, 1930

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas M. Armbrust, M. D. Coroner

12/18/30 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Italy Cross Broadway Md

DATE OF BURIAL Dec 20 1930

20 UNDERTAKER Charles L. Stearns

ADDRESS 150 E Pratt St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 63352

E 63352

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 19-29 (WARD)

2-FULL NAME Anna Lary

(a) RESIDENCE No. 351 S. Woodyear ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Lary

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Isaac Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Tusing

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-17-30

17 I HEREBY CERTIFY, That I attended deceased from 12-15-30, 19..., to 12-17-30, 19..., that I last saw her alive on 12-17-30, 19..., and that death occurred, on the date stated above, at 9:35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podget, M. D.

12-18, 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12/22, 1930

20 UNDERTAKER: Frederick R. Stonebraker — ADDRESS: 1600 W

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63353

CERTIFICATE OF DEATH

90 ✓ E 63353

REGISTERED NO. 18-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 W. Lanvale ST., WARD)

2—FULL NAME Charles Harvey Merryman

(a) RESIDENCE NO. 1029 W. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 1 mos. 28 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Rebecca Taylor

6 DATE OF BIRTH (month, day, and year): Oct 21 - 1847

7 AGE: Years 83 | Months 1 | Days 27 28 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Oliver Perry Merryman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Ann Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Elizabeth Dashiell

(Address): 1029 W Lanvale St

15 Filed 1930, BERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-18-30

17 I HEREBY CERTIFY, That I attended deceased from May 1 - 30, 1930, to Dec 18, 1930, that I last saw him alive on Dec 13, 1930, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Chronic endocarditis.

(duration) yrs. 7 mos. 17 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) George Abner Bowden, M. D.

12/18, 1930 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 20 1930

20 UNDERTAKER: Chas E. Franck — ADDRESS: 842 Madison ave

Spec.—1-30—M. & T.—250 Bks

E 63354

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63354

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 E. 33d ST., 9-46 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Wroth

(a) RESIDENCE NO. 809 E. 33d ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peregrine Wroth

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrence W. Counselman

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Wigart

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Dr. Peregrine Wroth
(Address) Hagerstown, Md.

15 Filed DEC 19 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1922 to Dec 18, 1930, that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation + Aortic regurg. (duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of no.

Was there an autopsy? no.

What test confirmed diagnosis? physical Diagnosis

(Signed) Nathaniel M Beck M. D.

, 19 (Address) 1002 E. 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crypt in Church of the Messiah

DATE OF BURIAL 12/20 19 30

20 UNDERTAKER Henry W. Myers & Son

ADDRESS Geo. H. Calvert

Spec.—1-30—M. & T.—250 Bks

E 63355

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 63355

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Linden Avenue ST., ... WARD) 14-20

2-FULL NAME Annette Marian Gade

(a) RESIDENCE No. 2011 Linden Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) 1851 — —

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Gade

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann M. Benezet

13 BIRTHPLACE OF MOTHER (city or town) Phila.
(State or country) Pa.

14 Informant Miss Carrie W. Hewitt
(Address) 2011 Linden Avenue

15 Filed 19 1930 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1930, to Dec 18th, 1930, that I last saw her alive on Dec 17th, 1930, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis

(duration) 20 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical —

(Signed) Eugene Douglas, M. D.

, 19 (Address) 2043 St. Paul st —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 12/ ?, 19 30

20 UNDERTAKER Henry C. Mears & Son

ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63356

100-001

E 63356

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md. ST. 96-37 WARD)

2-FULL NAME Mary Steen

(a) RESIDENCE NO. Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 067

(b) General nature of industry, business, or establishment in which employed (or employer) Sales lady

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) Balto City Hosp.

15 Filed 1930 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-30

17 I HEREBY CERTIFY, That I attended deceased from 11-8, 1930, to 12-17, 1930, that I last saw he alive on 12-17, 1930, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senile Psychosis, Paranoid type

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Harry H. Smith, M. D.

12/18/19 30 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Toronto Canada

DATE OF BURIAL Dec 19 1930

20 UNDERTAKER Wm J. McKnew Sons

ADDRESS North & Pa

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63357 × 31 E 63357

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N. Port ST. 816 WARD)

2-FULL NAME Matilda A. Riggs

(a) RESIDENCE No. 1816 N. Port ST., WARD Frederick Co Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Riggs.

6 DATE OF BIRTH (month, day, and year) July 20, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	73	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fullerton
(State or country) Md.

PARENTS

10 NAME OF FATHER Fred W. Neumeyer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary C. ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Holland

14 Informant Mary C. Riggs
(Address) 1816 N. Port St.

15 Filed ....., 19.... C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1926, to Dec 16th, 1930, that I last saw her alive on Dec 16th, 1930, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode, M. D.

19 (Address) 1900 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Dec 19, 30

20 UNDERTAKER Wm J. Pickner Son ADDRESS North & Pa

Spec.—2-29-28—L. F. S.—500 Bks.

E 63358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4/4 E 63358

REGISTERED NO. 26571

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. General Hospital WARD)

2—FULL NAME Jessie H. Bockmiller

(a) RESIDENCE NO. 412 Kennington Rd. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced
(or) WIFE of Chas. Bockmiller

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Practical Nurse.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crumpton, Md.

PARENTS
10 NAME OF FATHER Wm. H. Baynard.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware
12 MAIDEN NAME OF MOTHER Evelyn Palmatary
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Hospital Records.
(Address)

15 Filed ..... 19 MARPSON JONES, M.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1930 to Dec. 18, 1930 that I last saw her alive on Dec. 18, 1930 and that death occurred, on the date stated above, at 5:55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes. Date of 12/13/30

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings.

(Signed) Robert A. Cherrington, M. D.

19 (Address) Md. Genl. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL Dec 20 1930

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS N. Pa

E 63359 —200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103 E 63359

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

18-26

1-PLACE OF DEATH

City of BALTIMORE: (No. Washington Blvd. & Carey St. _____ Ward)

2-FULL NAME Elizabeth Hauser

(a) RESIDENCE NO. 1053 W. Fayette St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hauser

6 DATE OF BIRTH (month, day, and year) March 21, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Germany

PARENTS

10 NAME OF FATHER Christian Roth

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude ?

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Germany

14 Informant Mr. C. Walter Roth (Nephew)
(Address) 3323 Ednor Road

Date 19 1930 THOMSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Struck & Knocked down by Auto Truck

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(Duration) yrs. mos. ds.

(Signed) G. Frame M. D.
(Coroner)

12/14 1930 (Address) 3934 W. Eldon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Wash Blvd

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery

Date of Burial Dec. 19, 1930

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST & ~~BROADWAY~~.

Very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 63360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63360

CERTIFICATE OF DEATH.

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. ..... WARD) 4667

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Annie Smith (Annie Therera Smith)

(a) RESIDENCE No. 3005 Gwynns Falls Parkway ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred: Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Smith

6 DATE OF BIRTH (month, day, and year) May 6, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. Hiram L. Spicer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary C. Scharff

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Elizabeth Smith Kelly
(Address) 3005 Gwynns Falls Parkway

15 Date ..... Registrar .....

C 19 1930 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-30

17 I HEREBY CERTIFY, That I attended deceased from 12-7, 1930, to 12-17, 1930

that I last saw her alive on 12-17, 1930

and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

(1) Diabetes Mellitus
Acidosis

(2) Nephritis, Chronic

(duration) 1½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Olin Stites Jr. M. D.

12/17 1930 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec. 20, 1930

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 West Baltimore St.

Spec.—140—M. & T.—250 Bks

E 63361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63361

CERTIFICATE OF DEATH

129

63

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 Lightner & Calhoun ST. 28 WARD)

2-FULL NAME Miss Mary Mercer

(a) RESIDENCE No. 4222 Penhurst Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19, 1861

7 AGE: Years 69 | Months 7 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

800

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Mercer

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Lindley

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) England

14 Informant Mrs. Sarah J. Gosnell

(Address) 4222 Penhurst Ave.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D., Registrar.

C 19 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-30

17 I HEREBY CERTIFY, That I attended deceased from 12-11-, 1930, to 12-18-, 1930, that I last saw her alive on 12-18, 1930 and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows:

Uremia from Chronic interstitial nephritis

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) Many yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Blood chemistry

(Signed) M. B. Schreiber, M. D.

12/19 1930 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec. 20 1930

20 UNDERTAKER: Joseph B. Cooke

ADDRESS: 1003 West Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

E 63362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63362

CERTIFICATE OF DEATH.

REGISTERED NO. 159-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (NO. ..... ST. 27-W8 WARD)

2-FULL NAME Baby Girl Kauffman

(a) RESIDENCE NO. 4726 A York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10¾ ds. How long in U. S., if of foreign birth? yrs. mos. 10¾ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	10¾ 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Jacob Kauffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ashland, Ohio

12 MAIDEN NAME OF MOTHER Evelyn Ann Bramble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John Jacob Kauffman (Father)
(Address)

15 Filed 1930 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1930, to Dec 19, 1930, that I last saw her alive on Dec. 19, 1930, and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Meningocoele } Congenital.
Spina bifida }

(duration) ..... yrs. ..... mos 10¾ ds.

CONTRIBUTORY (Secondary) Internal Hydrocephalus
(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Rudolph Schoske, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Released by the neurology Lab. Chiefs Clinic

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63363

CERTIFICATE OF DEATH.

100-001

E 63363

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. South Balto Gen Hos ST. 22-33 WARD

2-FULL NAME Harriet June Crockett

(a) RESIDENCE NO. 707 S. Light ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 14 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Howard S Crockett

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Ruth E. Hughes

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md

14 Informant Howard S. Crockett
(Address) 707 Light St

15 Filed ..... 19 ..... Registrar

1 9 1930 WM. PK. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1930, to Dec 18, 1930, that I last saw her alive on Dec. 18, 1930 and that death occurred, on the date stated above, at 9.43 P m.

The CAUSE OF DEATH* was as follows:

(1) Acute Suppurative Mastoiditis,
(2) Meningitis (Streptococcus)
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Dec. 15, 1930

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm J. Sullivan M. D.

, 19 (Address) Ho. Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Dec 20 1930

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. Brooklyn

E 63364

E 63364

REGISTERED No. 25-7590

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3433 Hanover St. (WARD)

2 FULL NAME Howard M Ireland

(a) RESIDENCE No. 3433 Hanover St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3 1908

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
22	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn Md

PARENTS

10 NAME OF FATHER: George L Ireland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Gertrude W Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Mrs Gertrude W Ireland
(Address) 3433 Hanover St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1930

17 I HEREBY CERTIFY, That I attended deceased from ~~Dec 18 1930~~ ..., 19..., to Dec 18, 1930

that I last saw him alive on Dec 16, 1930

and that death occurred, on the date stated above, at 3:10 A. m.

The CAUSE OF DEATH* was as follows:
Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles W Brooke M. D.

Dec. 19 30 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery Baltimore — DATE OF BURIAL: Dec 20 1930

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

C 14 1933 Baltimore, Md. Registrar

Spec.—1-30—M. & T.—250 Bks.

E 63365

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 63365

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-17 WARD)

2-FULL NAME Baby Girl Knotts

(a) RESIDENCE NO. 113 Ventnor Terrace ST., Dundalk WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/13/30.

7 AGE: Years | Months | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Knotts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Main

12 MAIDEN NAME OF MOTHER Emely McFadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Joseph Knotts
(Address) 113 Ventnor Terrace

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-30

17 I HEREBY CERTIFY, That I attended deceased from 12-13, 1930, to 12-18, 1930, that I last saw her alive on 12-18, 1930, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (6½ months)

(duration) ....yrs. ....mos 5 ....ds.

CONTRIBUTORY (Secondary) Pyelitis (of mother)

(duration) ....yrs. ....mos. 2 weeks ....ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) W. H. Lee Jr. M. D.

19 (Address) James Wright

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Dec. 19, 1930.

20 UNDERTAKER: Henry Hoede & Son's Inc

ADDRESS: 1301 E. Eager St

C 19 1930

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63366

CERTIFICATE OF DEATH

117 ✓

E 633366

REGISTERED NO. 941

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Genl. Hospital ST. WARD)

2—FULL NAME Wm. Randolph Mason

(a) RESIDENCE NO. 633-34th St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 23, 1904

7 AGE: Years 27 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): 016

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Randolph B. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Records.
(Address)

15 Filed DEC 19 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1930 to Dec. 18, 1930 that I last saw him alive on Dec. 18, 1930 and that death occurred, on the date stated above, at 8:35 a m.

The CAUSE OF DEATH* was as follows:

Acute Perforated Appendicitis c abscess formation
(duration) yrs. mos. 36 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/27/30

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md. Genl. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Dec 20 1930

20 UNDERTAKER: George F. Smith

ADDRESS: 1532 Pennsylvania Ave

Spec.—1-30—M. & T.—250 Bks

E 63367

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 63367

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (7-B-9)

CITY OF BALTIMORE: (No. _____ ST. _____ WARD)

2-FULL NAME Serena Nelson

(a) RESIDENCE NO. 415 N. Bond st. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1915

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
15	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

PARENTS

10 NAME OF FATHER Archie Nelson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Cora Jefferson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Iowa

14 Informant Hospital Records
(Address)

15 Filed 12-18 1930 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to Dec. 18, 1930, that I last saw her alive on Dec. 18, 1930, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Sinner, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Dec 22, 1930

20 UNDERTAKER Edward Bryan

ADDRESS 1681 Orleans st

Spec.—1-30—M. & T.—250 Bks

E 63368 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 63368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 3-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME James Miller

(a) RESIDENCE NO. 914 Granby st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	37	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship's oiler

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Peter Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Annie Gilcrist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Hospital Records (Address)

15 Filed ..., 19... HARRISON JONES, M.D. Registrar

OCT 6 1930 5391

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 19 30, to Dec. 17, 19 30, that I last saw him alive on Dec. 17, 19 30, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Penner, M. D.

12-17, 19 30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 18 1930 19

20 UNDERTAKER Commissioner Health

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 63369

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63369

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST., ... WARD) 7-26

2-FULL NAME Charles Augustus or Eugene Gustis.

(a) RESIDENCE NO. 626 Myrtle Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Merry Lizzie

6 DATE OF BIRTH (month, day, and year) June 29, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry work

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Scott

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1-5-1931, 19 15293 C. HARTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-30

17 I HEREBY CERTIFY, That I attended deceased from 8-21-30, 19..., to 12-15-30, 19...,

that I last saw h. in alive on 12-15-30, 19...,

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency, ongina

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgat, M. D.

12-18, 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 19, 1930

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63370

57 E 63370

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Hanover St. Ward 35)

2. FULL NAME Antonio Iannarelli

(a) RESIDENCE No. 918 Hanover St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How Long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Scolastica Iannarelli

6 DATE OF BIRTH (month, day, and year) Feb 7 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd Jobs

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Raffael Iannarelli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Palma Iannarelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Rose Infusino
(Address) 918 Hanover St

15 1930 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 17, 1930 that I last saw him alive on Dec 17, 1930 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Johnston M. D.

19 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 20 1930

20 UNDERTAKER W. E. Deppel Inc — ADDRESS 37 Lanv

FROM is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 63371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63371

CERTIFICATE OF DEATH

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 3-5 Ward)

2-FULL NAME Grace Felicetti Felicetti

(a) RESIDENCE NO. 400 S. High St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Felicetta

6 DATE OF BIRTH (month, day, and year) Oct 15/1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Lombardo

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Padalrio

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Italy

14 Informant Joseph Lamiani
(Address) 400 S. High St

Filed ..... 19..... HARRISON JONES, M. D. Registrar

C 191938

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Angina Pectoris

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Dec 18 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 22 1930
20 UNDERTAKER	**ADDRESS**
M. W. E. Deppeler	37 Sam

C ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63372

Spunger

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63372

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Butto Gen Hosp ST., ... WARD)

2-FULL NAME Saul Spunger

(a) RESIDENCE No. 2620 Loyola Southway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): 038
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob Spunger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Minkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sophia Spunger

(Address) 2620 Loyola Southway

15 Filed 1930, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Indigestion from

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Error of diet from

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. B. Lint, M. D. Coroner

19 (Address) Boston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREATION OR REMOVAL: Sherwood Woodlawn

DATE OF BURIAL: 12-19-1930

21 UNDERTAKER: Jacob Lewis, 1439

ADDRESS: E Balto

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63373

101-09

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Argyle ave STR. 17-24 WARD)

2-FULL NAME Laura Waters

(a) RESIDENCE NO. 1706 Argyle ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (Write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emory Waters

6 DATE OF BIRTH (month, day, and year) 1871-

7 AGE Years 89- Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Flossie Jones (Address) 1706 Argyle ave

15 Filed 19 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1930

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 17, 1930, that I last saw her alive on May 17, 1930, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. Lee Lis M. D.

(Address) Gay and Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westover Md

DATE OF BURIAL Dec 20 1930

20 UNDERTAKER Lathe Gross

ADDRESS 1408 Ashland ave

Cor.—10-10-29—A Co.—100 Bks.

E 63374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 101-001

E 63374

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., 9-17 Ward)

2-FULL NAME Marie Werner

(a) RESIDENCE NO. 6 Greenwood Ave (Gulleton) St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Werner

6 DATE OF BIRTH (month, day, and year) Feb 5/1910

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	20	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER John Hora

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mamie Everd

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Joseph Werner
(Address) 6 Greenwood Ave

15 Filed DEC 19 1930 H. M. Y. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Pneumonia (Lobar)
" Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Child birth 3 weeks ago

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

Dec. 18/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 22 1930

20 UNDERTAKER Jack Brackson — ADDRESS 906 Gold Lauder

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63375

X 49

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 430 WARD)

2-FULL NAME Emily Goldring

(a) RESIDENCE NO. Bryantown, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Goldring

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57				

8 OCCUPATION OF DECEASED H.W.

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Rufus Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George Dilbert
(Address) Humphrey's Funeral Home Bryantown Md

15 Filed ..... 19 ..... C. HARPSON JONES, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1930, to Dec. 19, 1930, that I last saw h. s. alive on Dec. 19, 1930, and that death occurred, on the date stated above, at 2^45 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma of the Right Centrum

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition, Post-operative Shock (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 11 & 18, 1930

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Jno. H. Yeager M. D.

12/19, 1930 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Church Cem Bryantown Md

DATE OF BURIAL 22 Dec 1930

ADDRESS Md

20 UNDERTAKER Geo S. Dent Dentsville

Spec.—1-30—M. & T.—250 Bks.

E 63376

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 63376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Hull St. ST., 24-35 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kerr

(a) RESIDENCE No. 1414 Hull St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): June, 20 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Frank Kerr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Elizabeth Dach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Mrs. Elizabeth Kerr
(Address) 1414 Hull St.

15 1930 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 19. 1930

17 I HEREBY CERTIFY, That I attended deceased from 12. 16. 30, 19..., to 12. 19., 19 30, that I last saw her alive on 12. 19, 19 30, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) Idiot Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) J. Edward Jones, M. D.

12. 19. 1930 (Address) 107 East West St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. G.G. Co.

DATE OF BURIAL: Dec 20 1930

20 UNDERTAKER: Geo. R. Stevens

ADDRESS: 2 Fay St.

Cor.—10-10-29—A Co.—100 Bks.

E 63377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63377

CERTIFICATE OF DEATH

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hurst Memorial Hospital St. ..... Ward) 12-49

2-FULL NAME Mary Young Counties

(a) RESIDENCE NO. 3311 Barclay St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6 DATE OF BIRTH (month, day, and year) ? 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
Last	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Young

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Mrs. Childs
(Address) 3311 Barclay St

FILED DEC 19 1930 HARRISON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John A. Mossner, M. D.

12-19-1930 (Address) 1622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1631 David Hilliard

Cor. ..... Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63378

CERTIFICATE OF DEATH.

Dr Morrissey
Roland ave
74-001
E 63378

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 406 Venable Ave. 12-50 (Ward)

2-FULL NAME Alexander Frietch

(a) RESIDENCE NO. 406 Venable Ave. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Frietch

6 DATE OF BIRTH (month, day, and year): May 3. 1858

7 AGE: Years 72 Months 7 Days 15 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: ? Frietch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm M. Kraft
(Address) 3321 Piedmont Ave

Filed 12 9 1930 19 C. HARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) _____ (duration) .....yrs. .....mos. .....ds.

(Signed) John Morrissey M. D. (Coroner)

12/19 1930 (Address) 8692 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery Date of Burial 12/20 1930

20 UNDERTAKER: William Cook ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Bks.

E 63379

HEALTH DEPARTMENT—CITY OF BALTIMORE

63379

46v

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 E. North Ave. ST. 9-18 WARD)

2. FULL NAME Mary Bertha Bradford

(a) RESIDENCE NO. 1327 East N. Ave. ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac S.

6 DATE OF BIRTH (month, day, and year) Dec 25 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59 60	11	14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frederick S Hull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER McKinney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Fredrick N Bradford
(Address) 1327 East N. Ave

15 DATE 19 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 19 29, to Dec 19, 19 30

that I last saw her alive on Dec. 19, 19 30

and that death occurred, on the date stated above, at 6 20 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus

(duration) 14 months ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Samuel B Wolfe M. D.

19 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL Dec. 22 1930

20 UNDERTAKER E. Wm Cook ADDRESS 20 Park Place

FOR IMPORTANCE. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63380

90 E 63380

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

27-56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Santa Fe Ave., ST. ..... WARD .....

2-FULL NAME Kate Rackensperger

(a) RESIDENCE NO. 2812 Santa Fe Ave., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph W. Rackensperger

6 DATE OF BIRTH (month, day, and year) June 10th, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	55	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Geiser

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Amelia Wessell

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Joseph W. Rackensperger
(Address) 2812 Sante Fe Ave.

15 Filed 1930 .19.... C. HAMPSON JONES, M. D. Registrar
Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17th 1930

17 I HEREBY CERTIFY, That I attended deceased from October 12, 1928, to December 16, 1930, that I last saw her alive on December 16th, 1930 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 2 Yrs.
Chronic Endocarditis
(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of heart
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Elk Revolchan M. D.

12/18, 1930 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/20/30 19

20 UNDERTAKER Harry A. Witzke

ADDRESS 401 Edmondson

Spec.—1-30—M. & T.—250 Bks.

E 63381

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 63381

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp ST. ..... WARD)

2-FULL NAME Joseph W. Thompson

(a) RESIDENCE NO. 1606 Cliftview ST., ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E. Thompson

6 DATE OF BIRTH (month, day, and year) Aug 16-1873

7 AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
57	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper-Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) " Hanging

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. J. W. Thompson
(Address) 1606 Cliftview Ave

15 Filed 1 9 1930 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 19, 1930, that I last saw him alive on Dec 19, 1930, and that death occurred, on the date stated above, at 6 25 a.m.

The CAUSE OF DEATH* was as follows:

acute Cardiac dilatation with Pulmonary Edema

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of rectum

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Dec 16-1930

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Wm. J. Sullivan, M. D.

, 19 (Address) So Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pattwood Mt Olivet Cem

DATE OF BURIAL 12-22-1930

20 UNDERTAKER Harry A Witzke

ADDRESS Edmondson

Spec.—1-30—M. & T.—250 Bks.

E 63382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63382

+ 101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-30 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irma Hathaway

(a) RESIDENCE No. Ellicott City Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Aug 21-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Edward Dunham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Alfie Dagget

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Hilda Jones
(Address) Ellicott City Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930 to Dec. 18, 1930, that I last saw h~~e~~ alive on Dec. 18, 1930; and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia, Right two lower lobes
Myocardial Degeneration
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) W. H. Varney, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taunton, Mass

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Mary C. Starr

ADDRESS Ellicott City Md.

Filed 18 1930 19 C. HAMPSON JONES, JR. Registrar

By .....

Spec.—1-30—M. & T.—250 Bks

E 63383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63383

49

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (C.B.) 11-24

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

2-FULL NAME Mary Clarke

(a) RESIDENCE NO. 1118 Jenkins Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Clarke

6 DATE OF BIRTH (month, day, and year) 1905 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Herbert Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Elsie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Hospital Records
(Address)

15 Filed 1 9 1930, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1929, to Dec. 19, 1930, that I last saw her alive on Dec. 19, 1930, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Lung

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Penne, M. D.

12-18-30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Evergreen

DATE OF BURIAL Dec 20, 1930

UNDERTAKER John C. Miller

ADDRESS 2435 E Oliver

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63384 X 118-005 E 63384

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp. ST. ~~Ho.~~ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Emily Neater

(a) RESIDENCE NO. Westminster, ST. Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

a If married, widowed, or divorced
~~H~~ of
(or) WIFE of ? Neater

6 DATE OF BIRTH (month, day, and year) March 8, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) New Oxford, Pa.

PARENTS

10 NAME OF FATHER Jacob Wiest

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Oxford, Pa.

12 MAIDEN NAME OF MOTHER Sarah Bates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Oxford, Pa.

14 Informant Hospital Records
(Address) .....

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

201930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to Dec. 19, 1930, that I last saw h~~er~~ alive on Dec. 19, 1930 and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.
(Post operative adhesions)
(duration) yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes. Date of 12/17/30

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Robert W. Chenoweth, M. D.

, 19.... (Address) Md. Genl. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Oxford Cemetery

20 UNDERTAKER W. G. Feiser

DATE OF BURIAL Dec. 22 1930

ADDRESS Hanover, Pa.

Anderson

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63385

E 63385

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1629 Mosher St. St. 16-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O Anderson

(a) RESIDENCE NO. 1629 Mosher St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1861

7 AGE Years 69 Months 5 Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country) Md

PARENTS

10 NAME OF FATHER James Anderson

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Sanders

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant Annie Wesson
(Address) 1629 Mosher St

10 C. HANSON JONES, M. D. Registrar

Date RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-18-1930 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1930, to Dec 18, 1930, that I last saw h. alive on Dec 18, 1930, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas F Columbus M. D.

(Address) 3013 St Paul St Dec. 18, 1930

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lt. Vincent Cem.

Date of Burial Dec. 18 1930

20 UNDERTAKER Wm. R. Elliott

ADDRESS 1707 Eastland Ave

201930

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63386

X 118-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

2-FULL NAME John W. Patton

(a) RESIDENCE NO. Hoods Mill, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hannah Patton

6 DATE OF BIRTH (month, day and year) Dec 17 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O.S.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Eli Patton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER — Mansfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hannah Patton
(Address) Hoods Mill Md.

15 Filed 20 1930 19 .. R. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 19 30, to Dec 19, 19 30, that I last saw him alive on Dec 19, 19 30, and that death occurred, on the date stated above, at 3 00 P.m.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Obstruction resulting from strangulated femoral hernia.
(duration) ....yrs. .... mos 10 ds.

CONTRIBUTORY (Secondary) Peritonitis
(duration) ....yrs. .... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 19th

Was there an autopsy? Yes Preliminary

What test confirmed diagnosis? autopsy

(Signed) George J. Snoop Jr. M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Cemetery

DATE OF BURIAL Dec 21 1930

20 UNDERTAKER Greenwood Dve.

ADDRESS Sykesville Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 63387

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 63387

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 N Calvert ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Cole Little

(a) RESIDENCE NO. 2636 N Calvert St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
F	White	Widowed

5a If married, widowed, or divorced — ~~HUSBAND of~~ (or) ~~WIFE of~~ wife of John C Little

6 DATE OF BIRTH (month, day, and year) Oct 21, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	81	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Monkton Md

PARENTS

10 NAME OF FATHER John Bacon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Monkton Md

12 MAIDEN NAME OF MOTHER Pemelia Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Walter C Bacon
(Address) 100 E 20th St

15 Filed DEC 20 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-1930

17 I HEREBY CERTIFY, That I attended deceased from ?, 1920, to Dec. 19, 1930, that I last saw her alive on Dec 19, 1930 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 10 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Trace of Malignancy

(Signed) Walter C. Bacon M. D.

12/19/1930 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monkton Cemetery

DATE OF BURIAL Dec 21 1930

UNDERTAKER H C Brooks & Son

ADDRESS Sparks Md

Spec.—1-30—M. & T.—250 Bks.

E 63388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63388

45

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Hudson ST. 76-1 WARD)

2-FULL NAME Sarah Ann. Bauer.

(a) RESIDENCE No. 3203 Hudson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jacob Bauer

6 DATE OF BIRTH (month, day, and year) Nov 21 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) ooo
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Richard Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Orange Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs A. B. Eckert
(Address) 3202 Hudson St

15 Dec 20 1930, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18. 1930

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Dec. 18th, 1930, that I last saw her alive on Dec 18th, 1930, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Carcinoma.

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Obstruction

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Kirk M. D.

12/19/1930 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem

DATE OF BURIAL Dec 20 1930

20 UNDERTAKER John Uelich

ADDRESS 2008 Orleans

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63389 E 63389

CERTIFICATE OF DEATH

188-203

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Jos Hosp St., 9-17 Ward)

2-FULL NAME Chas Eugene Payne

(a) RESIDENCE NO. 6400 Beech Ave St., (county) Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 29-1908

7 AGE: Years 22 | Months 1 | Days 19 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clk
(b) General nature of industry, business, or establishment in which employed (or employer) B&O
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Chas B Payne

11 BIRTHPLACE OF FATHER (city or town) W Va
(State or country)

12 MAIDEN NAME OF MOTHER Clara Clark - Hagan

13 BIRTHPLACE OF MOTHER (city or town) Fred'k
(State or country) Md

14 Informant Clara L. Payne
(Address) 6400 Beech Ave. Overla

15 Filed 20 1930 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was riding collided with Telegraph pole throwing him out (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(a) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Belair Rd (a)

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J J Frau, M. D.

12/14, 1930 (Address) 2934 W. Eldering

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Dec 22 1930

20 UNDERTAKER Fred. Lassahn & Sons — ADDRESS 7401 Belair Rd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63390

E 63390

CERTIFICATE OF DEATH

74-002

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3106 Windsor Ave. ST. 15-62 WARD)

2—FULL NAME John B. Walter,

(a) RESIDENCE NO. 3106 Windsor Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Mary C. Walter,

6 DATE OF BIRTH (month, day, and year) May 11. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager of Cabinet

(b) General nature of industry, business, or establishment in which employed (or employer) Makers, 014

(c) Name of employer C. F. Meislein, & Co.

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER George W. Walter,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elmer Walter
(Address) 3106 Windsor Ave

15 Filed DEC 20 1930, 19.... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 19 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 19, 1930, that I last saw h. alive on Dec 19, 1930, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Embolism
Cerebral ~~Hemorrhage~~.

..... (duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) ✓

..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Chas F. Blake, M. D.

Dec 26 1930 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL DEC 22 1930

20 UNDERTAKER Geo W. Little

ADDRESS 1700 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks

E 63391 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63391

129

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. (WARD) 19-27

2-FULL NAME Richard Turner

(a) RESIDENCE No. 1623 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	colored	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Work odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Records
(Address) .....

15 Filed 20 1930, 19 ..... Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-30

17 I HEREBY CERTIFY, That I attended deceased from 12-13, 1930, to 12-17, 1930, that I last saw h alive on 12-17, 1930, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy prostate

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Nephritis
Bronchopneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) J. Taylor, M. D.

12/17, 1930 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 20 1930

20 UNDERTAKER Thomas E. Kelson

ADDRESS 303 Freestman St

Spec.—1-30—M. & T.—250 Bks

E 63392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63392

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 14-20 (WARD)

2-FULL NAME Rufus Armstrong

(a) RESIDENCE No. 1431 Myrtle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	colored	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Cassie Armstrong

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

023

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Armstrong
(Address) 1026 N. Carey St

15 Filed C 2 0 1930 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17-30

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1930, to Dec. 17, 1930, that I last saw him alive on Dec. 17, 1930, and that death occurred, on the date stated above, at 3-55 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia & Empyema

(duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) Esophago-tracheal fistula

(duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death? Etiology undetermined not known

Did an operation precede death? Yes Date of 12-16-30

Was there an autopsy? Yes Incorrect tube for feeding

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Bonnaud-Higgins M. D.

, 19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mountain View Hanford Md

DATE OF BURIAL 12-21 1930

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

Spec.—1-30—M. & T.—250 Bks.

E 63393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63393

CERTIFICATE OF DEATH.

15-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3240 Barkley ST. 12-50 (WARD)

2-FULL NAME Hanah Spriggs

(a) RESIDENCE No. 3240 Barkley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Peter Spriggs

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

637

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Eligio Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Woodard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary H. Jettings
(Address) 3240 Barkley St

15 Filed ....., 19 .....

C. HAYSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18-30

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1930, to Dec 15, 1930, that I last saw her alive on Dec 15, 1930, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 1 yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ..... yrs. 2 mos. 13 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

, 19 (Address) 632 Forrest Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Crem.

DATE OF BURIAL: 12-21 1930

20 UNDERTAKER: Byron Wright

ADDRESS: 218 McElderry St

Stmc.—2-29-28—L. F. S.—500 Blks.

E 63394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63394

CERTIFICATE OF DEATH

90

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 St. Mary ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cornelius Johnson

(a) RESIDENCE NO. 504 St. Mary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) W

a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Johnson

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE Years 78 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Madison (State or country) Dorchester Co. Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Madeleine Wyell

(Address) 504 St Mary St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

207930 Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-5-30, 19, to 12-18-30, 19, that I last saw him alive on 11, 19, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Heart disease (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? O Date of

Was there an autopsy? O

What test confirmed diagnosis?

(Signed) F. M. Cardo M. D.

19 (Address) 1524 N. Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem.

DATE OF BURIAL 12-21 1930

20 UNDERTAKER Byron Wright

ADDRESS 1218 N. Eutaw St

Spec.—1-30—M. & T.—250 Bks

E 63395

E 63395 HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH.

REGISTERED No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. _____ ST., 9-46 WARD)

2-FULL NAME Preston Keenan

(a) RESIDENCE No. 501 E. 27th st. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Keenan

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	38	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 023

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Preston J. Keenan

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sadie Jenkins

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Maryland

14 Informant Hospital Records
(Address) _____

Filed 20 1930, 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 19 30, to Dec. 19, 19 30, that I last saw him alive on Dec. 19, 19 30, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) ____ yrs. 3 mos ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seme, M. D.

12-19, 30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Dec 22 1930

20 UNDERTAKER Henry W. Feilmeier & Sons

ADDRESS McCulloh & Orchard St

Spec.—1-30—M. & T.—250 Bks

E 63396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63396

CERTIFICATE OF DEATH.

129

1725

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST., (WARD)

2-FULL NAME Thomas Baytop.

(a) RESIDENCE NO. 325 N. Pearl ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 18 80

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lillie Kennight
(Address) 325 N. Pearl St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

201930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18/30

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 1930, to 12/18, 1930, that I last saw him alive on 12/18, 1930, and that death occurred, on the date stated above, at 11 12 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Undetermined

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

12/19, 1930 (Address) 900 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 12-20 1930

20 UNDERTAKER Sam Carling

ADDRESS 716 Preston

Spec.—1-30—M. & T.—250 Bks

E 63397 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63397

90

CERTIFICATE OF DEATH.

REGISTERED NO. 12-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Brookfield Ave ST. WARD)

2-FULL NAME Lina Baumblatt

(a) RESIDENCE No. 2407 Brookfield Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Baumblatt

6 DATE OF BIRTH (month, day, and year) Dec. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Moses Kaufman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Merla

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Wm. A. Baumblatt
(Address) 2407 Brookfield Ave

15 201930 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19th 1930

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to Dec 19th, 1930, that I last saw h. alive on Dec 19th, 1930, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart disease

(duration) 3 yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel Heinberg, M. D.

, 19 (Address) 3735 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebr. Cem.

DATE OF BURIAL 12/21/1930

20 UNDERTAKER Harry Sandheimer Son

ADDRESS 1902 Eutaw Place

1-30—M. & T.—100 B—50L

E 63398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63398

101-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 Calhoun ST. 16-22 (WARD)

2-FULL NAME Robt Carter

(a) RESIDENCE No 916 Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Mar 9 1863

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Clayborn Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Florence Nutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Minnie Carter
(Address) 916 Calhoun St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 19th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No Regular

What test confirmed diagnosis?

(Signed) H. C. McFarlin, M. D. Coroner

Dec 21 1930 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Gilman — DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Aron W. Chase & Son — ADDRESS 1400 Madison

See instructions on back of certificate. TION is very important.

20 1930

Spec.—1-30—M. & T.—250 Bks

E 63399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63399

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Patapsco ST. 23-33 WARD)

2-FULL NAME Adam Hammel Sr.

(a) RESIDENCE NO. 1024 Patapsco ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schickner Hammel

6 DATE OF BIRTH (month, day, and year) January 2-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

063

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Adam Hammel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Motchmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Adam Hammel Jr.
(Address) 1011 Patapsco St.

15 DEC 20 1930 19 C. HAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17, 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1930 to Dec. 17, 1930, that I last saw him alive on Dec. 17, 1930, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ..... yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) ..... yrs. ..... mos. immediate ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Henry Weinbel M. D.

12/19 1930 (Address) 1224-1226 Hanover Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec 20 1930

20 UNDERTAKER Margaret E. Hymes — ADDRESS 1422 Light St.

Spec.—1-30—M. & T.—250 Bks

E 63400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63400

160

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST. 147 WARD)

2-FULL NAME Carroll Lneed

(a) RESIDENCE No. 106 E. Centre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29-30

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Alice Lneed
(Address) 106 E. Central St.

20 1930 ..... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/30

17 I HEREBY CERTIFY, That I attended deceased from 12/18, 1930, to 12/19, 1930, that I last saw him alive on 12/19, 1930, and that death occurred, on the date stated above, at 4 50 m.

The CAUSE OF DEATH* was as follows:
Acute nutritional Disease

(duration) ....yrs. ....mos. 6 days

CONTRIBUTORY (Secondary) Undetermined
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

12/19, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Geo. Ls. H. Holland

ADDRESS 1631 Druid Hill

Spec.—1-30—M. & T.—250 Bks

E 63401 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63401

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 E Lombard ST., 3-5 WARD)

2-FULL NAME Hannah Jackson

(a) RESIDENCE NO. 1134 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) ?, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thomas Dunphrey
(Address) Elkridge Md.

15 0 1930 C. HARRISON JONES, M. D. ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 17, 1930, that I last saw him alive on Dec 17, 1930 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:
Chr Parych. Nephritis
Myocarditis
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) B Adams, M. D.
12/19, 1930 (Address) 3 W Cager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/20/1930

20 UNDERTAKER Mrs. Geo. H. Hollo

ADDRESS 1601 Druid Hill

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 63402

CERTIFICATE OF DEATH

E 63402

REGISTERED NO. 23-34

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Light St. ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis C. Murphy

(a) RESIDENCE NO. 1811 Light ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie M. Murphy

6 DATE OF BIRTH (month, day, and year): Aug 5 - 1856

7 AGE: Years 74 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Frederick Co Md.

PARENTS

10 NAME OF FATHER: Hadrick Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Murphy
(Address): 1811 Light St.

15 Filed: 19 ..... Registrar

C 20 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-19-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Dec. 19, 1930, that I last saw him alive on Dec. 19, 1930, and that death occurred, on the date stated above, at 9^45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Exhaustion

..... (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. C. L. Campbell, M. D.

12/20, 1930 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md.

DATE OF BURIAL: 12/22 1930

20 UNDERTAKER: J. F. M. Cully

ADDRESS: 130 E Fay

Spec.—1-30—M. & T.—250 Bks

E 63403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63403

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST., 3-5 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ignatz Varnek

(a) RESIDENCE NO. 1112 E. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Vincent Varnek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Records of
(Address) Balto. City Hosp.

15 C. HARRISON JONES, M. D.
Registrar

C 21 1930 19..

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-30

17 I HEREBY CERTIFY, That I attended deceased from 2-11-30, 19..., to 12-18-30, 19...,

that I last saw him alive on 12-18-30, 19...,

and that death occurred, on the date stated above, at 9:50 A. m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget, M. D.

12-19 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

UNDERTAKER John J. Falvey Sons

DATE OF BURIAL 12/22 1930

ADDRESS 1315 Eight St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63404

CERTIFICATE OF DEATH.

16 E 63404

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Patterson Park Ave. ST.) 10 (WARD)

2-FULL NAME Barbara E. Hofmeister

(a) RESIDENCE No. 12 N. Patterson Park Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a ~~Married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Jacob Hofmeister

6 DATE OF BIRTH (month, day, and year) June 15, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	81	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Letterer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant George Hofmeister

(Address) 12 N. Patterson Park Ave

21 1930 , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1930, to Dec 18th, 1930, that I last saw her alive on Dec 18th, 1930 and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto H. Magnus, M. D.

12/30, 1930, (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL Dec. 22 1930

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St. & Broadway

FROM NEW BLOCK OF CERTIFICATES. See instructions on back.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 49

E 63405 — REGISTERED NO. E 63405

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST. 11-24 WARD)

2—FULL NAME Richard Crouch

(a) RESIDENCE NO. Rock Hall - Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If ~~married~~, widowed, ~~or divorced~~
HUSBAND of ~~(or) WIFE of~~ Mary Stouffer Crouch

6 DATE OF BIRTH (month, day, and year) Sept 24-1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rock Hall Md. Md.

PARENTS

10 NAME OF FATHER Richard Crouch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rock Hall Md

12 MAIDEN NAME OF MOTHER Frances Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rock Hall Md

14 Informant Hospital records
(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/30

17 I HEREBY CERTIFY, That I attended deceased from 12-15, 1930, to 12-20, 1930, that I last saw him alive on 12-20, 1930 and that death occurred, on the date stated above, at 5.40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Perineum with inguinal metastisis

(duration) (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis ?

Post-Operative (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? YES Date of 12/18/30

Was there an autopsy? No

What test confirmed diagnosis? Laboratory test & Clinical

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel Cemetery Rock Hall Md.

DATE OF BURIAL 12/21/1930

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

SANOF NOSTRA

Spec.—1-30—M. & T.—250 Rks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63406

129

E 63406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Church Home & Infirmary

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. N. Broadway ST. 9-47 WARD)

2-FULL NAME Mrs. Caroline Harrison

(a) RESIDENCE NO. 650 E. 35th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of Geo. Stanley Harrison

6 DATE OF BIRTH (month, day, and year) Apr 15th 1885

7 AGE: Years 45 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Samuel Graham
11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland
12 MAIDEN NAME OF MOTHER Catharine Dunwold
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo. S. Harrison
(Address) 650 E. 35th St

15 Filed ..... 19 ..... H. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/30

17 I HEREBY CERTIFY, That I attended deceased from 12/18, 1930, to 12/20, 1930, that I last saw her alive on 12/20, 1930, and that death occurred, on the date stated above, at 6.15 P.m.

The CAUSE OF DEATH* was as follows:
Acute Cholecystitis
Obstruction (Ascending Colon)
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute exacerbation of chronic nephritis, minor (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 12/18/30

Was there an autopsy? Partial

What test confirmed diagnosis? Clinical History, Physical findings, Operation

(Signed) J. Frank Henry M.D.

12/20 1930 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govans (Presbyterian) Cemetery

DATE OF BURIAL 12/23/ 1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 63407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63407

CERTIFICATE OF DEATH

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 23-31 WARD)

2-FULL NAME Andrew J. Gerbrick

(a) RESIDENCE No 1135 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O+O
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Gerbrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Pulz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Charles Gerbrick
(Address) 2034 Maisel Ave Mt Winans

15 Filed DEC 21 1930 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis? Physicians

(Signed) J. E. Cades, M. D. Coroner

, 19 (Address) 43 N Broad

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 12/22/1930

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

See instructions on back of certificate.

TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63408

CERTIFICATE OF DEATH

74-001 ✓

E 63408

1—PLACE OF DEATH

REGISTERED NO. 16-77

CITY OF BALTIMORE: (No. 1700 Harlem Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Frances Louise Dodson

(a) RESIDENCE NO. 1700 Harlem Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 50 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Andrew J. Dodson

6 DATE OF BIRTH (month, day, and year) Dec 19. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

037

9 BIRTHPLACE (city or town) (State or country) Northeast Md.

PARENTS

10 NAME OF FATHER William Reynolds.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northeast Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry A Dodson

(Address) 1725 Medical St

15 Filed DEC 21 1930, 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC. 20-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Dec. 20, 1930, that I last saw her alive on Dec. 19, 1930 and that death occurred, on the date stated above, at 4:10 p. m.

The CAUSE OF DEATH* was as follows:

Paralysis - (left side)

(duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) ✓ yrs. ✓ mos. 6 ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

12/24/1930 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/23 1930

20 UNDERTAKER W M Cook

ADDRESS 1217 E Pratt St

Spec.—1-30—M. & T.—250 Bks

J. Howard Neild

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63409

E 63409

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E. 25th ST. 12-50 WARD)

2-FULL NAME J. Howard Neild

(a) RESIDENCE No. 34 E. 25th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Nichols

6 DATE OF BIRTH (month, day, and year) May 15, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Asst. Cashier

(c) Name of employer Penn. Railroad

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

PARENTS

10 NAME OF FATHER John Neild

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Pennsylvania

14 Informant Mrs. Margaret M. Neild
(Address) 34 E. 25th Street

15 Filed DEC 24 1930 19 H. O. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20/30.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Dec. 20, 1930, that I last saw him alive on Dec. 19, 1930, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
(Ruptured Compensation)
(duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted ✓
If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Henry B. Kelly, M. D.

12/20, 1930 (Address) 2504 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 12/ 22 19 30

20 UNDERTAKER Henry U. Mears Sons

ADDRESS 805 N. Calvert

1-30—M. & T.—100 B—50L

E 63410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. E 63410

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 3-4 WARD)

2-FULL NAME Jacob Karlinsky

(a) RESIDENCE No. 217 S. Eden St., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Karlinsky

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Karlinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Leiws

(Address) 1439 E. Balto. St.,

Filed DEC 21 1930 CHARLES SOM JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12- 20 - 19 30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Genl Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

12/21/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 12- 21 - 19 30

20 UNDERTAKER Jack Levine

ADDRESS 1439 E. Balto. St.,

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 63411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 63411

1-PLACE OF DEATH Hebrew Home for Aged and Infirm

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring ST. 27-54 WARD)

2-FULL NAME Abraham Ascher

(a) RESIDENCE NO. Belvedere & Greenspring ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sigmund Flendlad

(Address) Belvedere & Greenspring

Filed 2 1 1930 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1930

17 I HEREBY CERTIFY, That I attended deceased from 3-1, 1930, to 12-19, 1930, that I last saw him alive on 12-19, 1930 and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Levin, M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: 12-21-1930

20 UNDERTAKER: Jacob Levin

ADDRESS: 1439 E Balto St

Spec.—1-30—M. & T.—250 Bks.

E 63412R
24367

E 63412

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST 10-14 WARD)

2-FULL NAME Mary Mc Allister

(a) RESIDENCE NO. 1228 Asquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov-1-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Ool

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Annie Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-19-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930, to Dec 19, 1930, that I last saw her alive on Dec 19, 1930, and that death occurred, on the date stated above, at 9 20 P.m.

The CAUSE OF DEATH* was as follows:

Influenza meningitis

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Aug C. Kettner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Dec 22, 1930

20 UNDERTAKER Frank V. Ripentone

ADDRESS 2818 E. Balto St

Spec.—1-30—M. & T.—250 Blks.

E 63413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63413

CERTIFICATE OF DEATH.

7-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 St. Paul ST. 12-50 WARD)

2-FULL NAME Rev. Niels Madsen

(a) RESIDENCE NO. 3227 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Farrar Madsen

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clergyman 0,8

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Mr. Madsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Bessie Madsen
(Address) 3227 St. Paul St.

DEC 21 1930 C. HARRISON JONES, M.D.
Filed ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1930

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1930, to Dec 20, 1930, that I last saw him alive on Dec 19, 1930, and that death occurred, on the date stated above, at 10.20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis, with hypertension

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Philip Lee Marshall, M. D.

12/20, 1930 (Address) 2112 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond, Va.

DATE OF BURIAL Dec. 24 1930

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63414

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 63414

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Weaver ave ST., 26-41 WARD)

2—FULL NAME Amelia A Kirby

(a) RESIDENCE NO. 3139 Weaver ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widow

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: John R Kirby

6 DATE OF BIRTH (month, day, and year): Oct 28th 1855

7 AGE: Years 75 Months 1 Days 22 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): St Michaels Talbot Co Md

PARENTS

10 NAME OF FATHER: Thomas Blades

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Michaels Talbot Co Md

12 MAIDEN NAME OF MOTHER: Fatima Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Michaels Talbot Co Md

14 Informant: Thomas B Kirby

(Address): 3139 Weaver ave

15 Filed Jan 2 1930, 19..... C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19th 1930

17 I HEREBY CERTIFY, That I ~~attended~~ deceased from Nov 12th, 1930, to Dec 19, 1930, that I last saw her alive on Dec 19, 1930 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary): Asthma

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical or Laboratory

(Signed) L. M. C. Carter, M. D.

12/19, 1930 (Address) 1114 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michaels Talbot Co Md

DATE OF BURIAL: Dec 22nd 1930

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument St

1-30—M. & T.—100 B—50L

E 63415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63415

CERTIFICATE OF DEATH

187-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pratt Library. Redwood & Liberty Sts. ST. 78-63 WARD)

2-FULL NAME Gilbert B.Loveless.

(a) RESIDENCE NO 4421 Belvieu Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 14, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Page, do
(b) General nature of industry, business, or establishment in which employed (or employer) Pratt Library.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John T.Loveless.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Marie Bieswanger.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John I.Loveless.(father)
(Address) 4421 Belvieu Ave.

15 211930 ....., 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Fall down an elevator shaft.
Occidental Death.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Hemhardt, M. D. Coroner

12/20/1930 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pratt Cemetery Chesapeake City

DATE OF BURIAL Dec 22 1930

20 UNDERTAKER George Schilling & Sons

ADDRESS 1226 Monument St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63416

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Baltimore City Hospital 76-37

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Bernard Strobel

(a) RESIDENCE No. 433 S. Anglisin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) June 17, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ?
(State or country) Germany

PARENTS

10 NAME OF FATHER Herman Strobel

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Germany

14 Informant Bernard
(Address) Baltimore City Hosp.

15 Filed DEC 21 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-30

17 I HEREBY CERTIFY, That I attended deceased from 4-4, 1930, to 12-20, 1930, that I last saw him alive on 12-20, 1930, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

? (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Fred M. Duckworth, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL Dec 23 1930

20 UNDERTAKER John Ulrich

ADDRESS 2008 Eutaw

Spec.—1-30—M. & T.—250 Bks

E 63417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63417

49

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N Wallas ST., 713 WARD)

2-FULL NAME Chas W. Wells

(a) RESIDENCE NO. 913 N. Wallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Cora Wells

6 DATE OF BIRTH (month, day, and year) June 2, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	61	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Truck

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edw. W. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary H. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Cora Wells (wife)
(Address) 913 N Wallas St.

15 Filed DEC 21 1930 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 1929 to Dec 18 1930, that I last saw him alive on Dec 17 1930, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder (urinary)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. Y. Young M. D.

12/19 1930 (Address) 1420 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

UNDERTAKER Mrs. R. G. Elliott

DATE OF BURIAL Dec. 21, 1930

ADDRESS 1725 Ashland Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 63418 89 E 63418

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 25th WARD)

2-FULL NAME Thomas P. O'Brien

(a) RESIDENCE NO. Mt Hope Retreat ST., 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year) Sept 24-1894

7 AGE: Years 35 (36) Months 02 Days 07 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer 034

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marietta Pa

PARENTS

10 NAME OF FATHER John P. O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Marietta Pa

12 MAIDEN NAME OF MOTHER Annie Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Marietta Pa

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope Md

Filed DEC 21 1930 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1930

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to Dec 20, 1930, that I last saw him alive on Dec 20, 1930, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
abt 2 or 3 days.

(duration) 2 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Paranoia Psychosis.
Abs (duration) 10 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Marietta Pa

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.
Dec 21st, 1930 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marietta

DATE OF BURIAL Dec 24 1930

UNDERTAKER W. J. Trumpold Sons

ADDRESS North

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63419

E 63419

CERTIFICATE OF DEATH.

X 129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (NO. 1514 Division ST. 1420 WARD)

2-FULL NAME John Anderson

(a) RESIDENCE NO. Lydes Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm hand 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hosp Records.
(Address) [illegible]

15 Filed C 21 1930 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/30

17 I HEREBY CERTIFY, That I attended deceased from 11/29, 1930, to 12/21, 1930, that I last saw him alive on 12/21, 1930, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Cardio Renal Vascular Disease

(duration) Unknown

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Undetermined.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

12/21, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Lorraine Md

DATE OF BURIAL Dec. 23 1930

20 UNDERTAKER G. E. Arthur

ADDRESS York

Spec.—1 30—M. & T.—250 Bks.

E 63420 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63420

X 129

CERTIFICATE OF DEATH.

REGISTERED NO. 2863

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., WARD)

2-FULL NAME Anna Marie McAuliffe

(a) RESIDENCE NO. Augusta Georgia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 7. 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Augusta (State or country) Georgia

PARENTS

10 NAME OF FATHER Patrick McAuliffe

11 BIRTHPLACE OF FATHER (city or town) Cork (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Kane

13 BIRTHPLACE OF MOTHER (city or town) Co. Leitrim (State or country) Ireland

14 Informant Mrs Hope Retreat (Address) Mt Hope Retreat

15 Filed 2 1 1930, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1930, to Dec 21, 1930, that I last saw h m alive on Dec 21, 1930, and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows: Chr. Parenchymatous Nephritis (Uraemic Coma)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic - Interstitial Nephritis (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Augusta Ga. DATE OF BURIAL Dec 21, 1930

20 UNDERTAKER Stewart Mortuary Co ADDRESS Augusta

Spec.—1-30—M. & T.—250 Bks

E 63421 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 63421

CERTIFICATE OF DEATH

1-PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Hammond ST., 6 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katherine Killmurray

(a) RESIDENCE No. 1308 Lansdowne Ave ST., Phila. Pa WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. O'Killmurray

6 DATE OF BIRTH (month, day, and year) Dec 24 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila, Pa.

PARENTS

10 NAME OF FATHER Edward McGinnis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mr. Michael J. O'Killmurray
(Address) Phila. Pa

15 Filed 21 1930 19 HARRY COLKINS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/30

17 I HEREBY CERTIFY, That I attended deceased from 12/19, 1930, to 12/21, 1930, that I last saw h[illegible] alive on 12/21, 1930, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis

(duration) 11 yrs. mos da.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History - Physical Urinalysis Pus

(Signed) Francis [illegible] M. D.

12/24 19 31 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa.

DATE OF BURIAL Dec 21 19

20 UNDERTAKER Harry Aberg & Sons Inc

ADDRESS 1301 E Eager St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3/✓ E 63422

E 63422

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH #520 Robert St City

CITY OF BALTIMORE: (No. Balto Md ST., 14-30 WARD)

2—FULL NAME Gertrude Goodin

(a) RESIDENCE NO. 520 Robert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Rosa Goodin
(Address) 520 Robert St

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

C 221930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 19, 1930, that I last saw he alive on 12-18-, 1930 and that death occurred, on the date stated above, at 5:50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage (duration) ..... yrs. ..... mos. 10 min ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) 1 yrs. 9 mo mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W R Boykin, M. D.

, 19 (Address) 1512 Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/22/1930

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 Druid Hill

M. & T.—100 B—50L

E 63423

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 ✓

E 63423

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Madison Ave ST. 14-20 WARD)

2- ...NE Leon Hynie

...RESIDENCE NO 1817 Madison Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 26 1938

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: Balto.

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Leon Hynie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Virginia Riddick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Virginia Hynie

(Address): 1817 Madison

15 Filed ..... 192 ..... Registrar

221930 H. HARRY JONES, M. D.

Reg. .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 29th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Smith, M. D. Coroner

..., 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: 12/22/1930

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63424

E 63424

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Smith

(a) RESIDENCE NO. 3022 O'Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23 1892

7 AGE: Years 38 Months 11 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Owner of Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry C. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Dannenseler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed Dec 22 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 20, 1930, that I last saw h[illegible] alive on Dec. 20, 1930 and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis & Partial obstruction (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Operation & Clinical

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: Dec. 23 1930

20 UNDERTAKER: George W. Zirkler

ADDRESS: 1737 Eager St

Spec.—1-30—M. & T.—250 Bks.

France (Brad 1234) 2939 McElderry st Sunday A.M.

E 63425

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 63425

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. East ST., 12 WARD)

2-FULL NAME Harry H. Briemann

(a) RESIDENCE No. 118 S. East ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 8th 1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
34	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Briemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Klaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Briemann
(Address) 118 S. East Ave

15 Filed ..... Registrar

C 221930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20th 1930

17 I HEREBY CERTIFY, That I attended deceased from 11/1 20, 19..., to 12/20 30, 19..., that I last saw him alive on 12-20-30, 19..., and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Pul TB.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. F. Frank M. D.

12/21 1930 (Address) 2939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 12/23/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

1-30—M. & T.—100 B—50L

E 63426

HEALTH DEPARTMENT—CITY OF BALTIMORE

74001 E 63426

CERTIFICATE OF DEATH

REGISTERED NO. 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Sharp & Dohme

CITY OF BALTIMORE: (No. Pratt & Howard ST., ... WARD)

2-FULL NAME Albert Bothman

(a) RESIDENCE No 3500 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia H. Bothman

6 DATE OF BIRTH (month, day, and year): Aug 24th 1867

7 AGE: Years 63 | Months 3 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk 609
(b) General nature of industry, business, or establishment in which employed (or employer): Shipping
(c) Name of employer: Sharp & Dohme

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Augustus Bothman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Emma Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Berlin, Pa

14 Informant: Sophia Bothman
(Address) 3500 Clifton Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D. Coroner

12/21 1930 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 12/23/1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

TION is very important See instructions on back of certificate.

DEC 22 1930

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63427

109-002 109 E 63427

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sydenham Hospital ST. 1724 WARD)

2-FULL NAME Mary Jones

(a) RESIDENCE NO. 1136 Wilmer Court ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 7 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Julia Burnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Joseph Jones (father)
(Address) Virginia

15 DEC 22 1930 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 18, 1930, that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Vincent's Angina

(duration) ....yrs. ....mos 25 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Myron G. Tull, M. D.

12/22 1930 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 12/22 1930

20 UNDERTAKER Daniel Easter

ADDRESS 916 Pa. Ave

Spec.—1-30—M. & T.—250 Bks.

63428

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63428

113

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... JOHNS HOPKINS HOSPITAL ..... ST., ... WARD) 8-17

2-FULL NAME Catherine Miller

(a) RESIDENCE No. 2235 Hermann Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 4 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3 mos	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frieda Yent.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

221930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1930, to Dec. 21, 1930, that I last saw her alive on Dec. 21, 1930, and that death occurred, on the date stated above, at 12^45 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis
Marasmus
Diarrhea
(duration) yrs. 1 mos 25 ds.

CONTRIBUTORY (Secondary) Bilateral Otitis media
(duration) yrs. 1 mos. 25 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Ann E. Kittner, M. D.

12/21, 1930 (Address) Johns Hopkins Hos-

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul's First Reform Church (Cemetery)	Dec 22 1930
20 UNDERTAKER	ADDRESS
Henry Lentz	N. Broadway 203

Spec.—1-30—M. & T.—250 Bks

E 63429

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63429

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 609 S. Sharp ST. 22-30 WARD)

2-FULL NAME Thomas Floyd —

(a) RESIDENCE NO. 609 S. Sharp ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary Floyd —

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years 80 | Months + | Days + | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none —

(b) General nature of industry, business, or establishment in which employed (or employer): ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Accomac Co. Virginia

PARENTS

10 NAME OF FATHER: Virginia —

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Ginney Mears

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Accomac Co Virginia

14 Informant: George Floyd —
(Address) 609 S. Sharp

15 Filed ....., 19.... Registrar

C 22 1930 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/19/30

17 I HEREBY CERTIFY, That I attended deceased from 12/16, 1930, to 12/19, 1930, that I last saw him alive on 12/19, 1930, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) David Franklin M. D.

12/20 1930 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 12-23 1930

ADDRESS 1027 Druid Hill

20 UNDERTAKER: John H. Joadwin

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63430

CERTIFICATE OF DEATH

129 ✓ E 63430

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Belloma Ave ST., 27-18 WARD)

2—FULL NAME Mary B. Mann

(a) RESIDENCE NO. 6000 Belloma Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Thomas J. Mann.

6 DATE OF BIRTH (month, day, and year) Dec. 25th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Morgan Creek Kent Co Md.

PARENTS

10 NAME OF FATHER Wm Wilmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm B. W. Mann. (Son)
(Address) Towson Md.

15 DEC 22 1930 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20th 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1930, to Dec. 19, 1930, that I last saw her alive on Dec. 19, 1930, and that death occurred, on the date stated above, at 8 a., in.

The CAUSE OF DEATH* was as follows:
Chron. Interstitial Nephritis

More than (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoen MD, M. D.

12-20, 1930 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cem. Kent Co Md. Dec 23 1930

DATE OF BURIAL

20 UNDERTAKER Lilly & Julee Inc.

ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 63431

CERTIFICATE OF DEATH

E 63431

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N.Hare St. ST., 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Miller.

(a) RESIDENCE NO. 5 N.Hare St. ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Miller.

6 DATE OF BIRTH (month, day, and year) Oct. 2nd 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Meat Packing Plant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Miller (Wife)
(Address) No. 5 N.Hare St.

15 Filed 1930 19 G. PAXSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 20, 1930, that I last saw him alive on 20 Dec, 1930 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinic

(Signed) H. Wirt Pouley M. D.

12-23, 19 30 (Address) 1738 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec. 23 1930

20 UNDERTAKER: Lilly & zeiler Inc. — ADDRESS: 403 E. Wolfe St.

1-30—M. & T.—100 B—50L

E 63432

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

CERTIFICATE OF DEATH

REGISTERED No. E 63432

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Lambert ST. 1724 WARD)

2. FULL NAME Mary Distance

(a) RESIDENCE No. 521 Lambert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 641
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joe Distance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Sam C. Bartlett

(Address) 521 Lambert

15 Filed C 22 1930 16 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Aneurism of Aorta. (duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. E. Lech, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem. DATE OF BURIAL 12/21 1930

20 UNDERTAKER Samuel Hensley ADDRESS 528 W. Baltimore

TION is very important See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63433

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 63433

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 209 W Hoffman ST. 11-24 WARD)

2.-FULL NAME Allen Dingly

(a) RESIDENCE NO. 209 W Hoffman ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Allen Dingly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Byron Dingly
(Address) 209 W Hoffman St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/30

17 I HEREBY CERTIFY, That I attended deceased from 11/17/30 to 11/19/30, that I last saw him alive on 11/17/30 at 11:30 P.M. and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Catarrh

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. J. Lewis, M. D.

11/27, 1930 (Address) 909 Mod. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 11/27, 1930

20 UNDERTAKER Samuel A. Hinkley

ADDRESS N. Balto

22 1930

Spec.—1-30—M. & T.—250 Bks

E 63434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 63434

15-168

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Ruxton Ave ST., ... WARD)

2-FULL NAME Jennie Comings

(a) RESIDENCE No. 1618 Ruxton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Comings

6 DATE OF BIRTH (month, day, and year) July 24 1879

7 AGE: Years 59 69 Mos. 4 Mos. Days 27 Rem. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Max Comings
(Address) 6901 Harford Rd

15 Filed Dec 24 1930 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21-30

17 I HEREBY CERTIFY, That I attended deceased from January 5 1927, to Dec 21, 1930, that I last saw her alive on Dec 21, 1930, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows: arterio sclerosis, chronic myocarditis, chronic nephritis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) R. G. Nicholson, M. D.

Dec 22, 1930 (Address) 3330 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 12/22 1930

20 UNDERTAKER: Jack Lewis 1429 E Baltimore St

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 63435

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 63435

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3604 Greenmount Ave. St.; 49th WARD)

2-FULL NAME Mary Eleanor Stine-Miller

(a) RESIDENCE No. 3604 Greenmount Ave St.; ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 11 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	White	~~Widowed~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wesley Miller

6 DATE OF BIRTH (month, day, and year) June 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Phila
(State or country) Pa

PARENTS

10 NAME OF FATHER Albert Stine

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Charles T. Miller
(Address) 5220 Race St. W. Phila. Pa.

15 File EC 22 1930 E. H. Joseph JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1930

17 I HEREBY CERTIFY, That I attended deceased from January, 1927, to December 19, 1930, that I last saw her alive on December 19, 1930, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of the Intestines

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Anna L. Bergsmoe, M. D.

, 19 (Address) 3024 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL Dec 22 30

20 UNDERTAKER John J. Meltzer Sons

ADDRESS North Pa

Spec.—9-30—A. & Co.—250 Bks.

E 63436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63436

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Belvieu Ave. ST. ..... WARD .....

2-FULL NAME William T. S. Hand

(a) RESIDENCE No. 4200 Belvieu Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minta R. Hand.

6 DATE OF BIRTH (month, day, and year) Mar. 24, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Seth Hand.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Jennie Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mrs. Minta R. Hand.
(Address) 4200 Belvieu Ave.

15 Filed DEC 22 1930 HARRY JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 20, 1930 that I last saw him alive on Dec 20, 1930 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach.

(duration) about yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis (General)

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Sept - 1930.

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) Howard H. Warner M. D.

Dec 20, 1930 (Address) 2404 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Dec 23 1930

20 UNDERTAKER Wm. Tickner Sons. ADDRESS North Pa

Very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63437

HEALTH DEPARTMENT—CITY OF BALTIMORE

47 VE 63437

CERTIFICATE OF DEATH.

REGISTERED NO. 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Elgin ST. (WARD)

2-FULL NAME Helen Rebecca Bealmear

(a) RESIDENCE NO. 3408 Elgin ST., WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James A Bealmear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary J. Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Edward H. Bealmear (Address) 3408 Elgin Ave

15 Filed Dec 22 1930, 19 H. Ernest Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19/30

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Dec 19, 1930, that I last saw her alive on Dec 19, 1930, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows: Carcinoma in right lung and glands of neck; extension of carcinoma of right breast which was amputated in 1927 (duration) about 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~and right breast~~ Carcinoma of right breast (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1927 amputation of right breast

Was there an autopsy? no Laboratory

What test confirmed diagnosis?

(Signed) Walter S. Tillett, M. D.

Dec 19, 1930 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 21 1930

20 UNDERTAKER W. J. Hammond Son

ADDRESS Norton

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63438

CERTIFICATE OF DEATH.

E 63438

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2034 Mc Culloh St. (WARD) 14-20

2-FULL NAME Charles. H. Young Sr.

(a) RESIDENCE No. 2034 Mc Culloh St. WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Co

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Mary. M. Young

6 DATE OF BIRTH (month, day, and year) July 31st 1846

7 AGE: Years 84 | Months 4 | Days 20 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer): A. M. E

(c) Name of employer: Church

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George. E. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie. E. Mollison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: George. W. Young
(Address) 509 Rowe

15 Filed _____ 19 _____ C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20—20

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 1920, to 12/20, 1920, that I last saw h. alive on 12/14, 1920, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Cerebral apoplexy & Paralysis

(duration) ____ yrs. ____ mos 9 ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) [illegible], M. D.

Dec 20 1920 (Address) 2134 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: 12/24 1920

20 UNDERTAKER: Saml. W. Chase & Son

ADDRESS: 1400 W Baltimore

Spec.—9-30—A. & Co.—250 Bks.

E 63439

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63439

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Mt. Pleasant Ave. 26-2 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edward L. Zink

(a) RESIDENCE No. 3414 Mt Pleasant Ave St. WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Zink

6 DATE OF BIRTH (month, day, and year): Dec 17 1878

7 AGE: Years 51 Months ..... Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Black Smith Helper

(b) General nature of industry, business, or establishment in which employed (or employer): Sparrow's Point

(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Gerhardt Zink

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Annie Zink (Address) 3414 Mt Pleasant Ave

15 H. HARRISON JONES, M. D. Registrar

227930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 18, 1930, that I last saw him alive on Dec 18, 1930, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (secondary): Chronic Interstitial Nephritis (duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of do

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Schneider M. D.

Dec. 19 30 (Address) 3307 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Dec. 23 1930

20 UNDERTAKER: Wm C. Miller & Son

ADDRESS: 2334 Jefferson St.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63440

117 ✓ E 63440

CERTIFICATE OF DEATH

REGISTERED NO. 27-54

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bassett S. Mace

(a) RESIDENCE NO. 2306 Sulgrave Ave ST. WARD

(Usual place of abode) Mt. Washington (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

(a) If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mrs Mary Mace

6 DATE OF BIRTH (month, day, and year) Oct 19 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67 Yrs	7	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. of Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) Dorchester Co (State or country) Md.

PARENTS

10 NAME OF FATHER John Mace

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Woolford

13 BIRTHPLACE OF MOTHER (city or town) Dorchester Co (State or country) Md.

14 Informant Mary D. Mace

(Address) 2306 Sulgrave Ave

15 Filed DEC 22 1930 Mary Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/30.

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to 12-20-, 1930, that I last saw him alive on 12-20, 1930 and that death occurred, on the date stated above, at 6:35 p.m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis (Gangrenous)

(duration) yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Localized peritonitis

(duration) yrs. 4? mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 9/10/30 - 12/5/30

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Dec 22 1930

20 UNDERTAKER John D. Mitchell

ADDRESS 1900 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63441

E 63441

118-002

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Carrollton Ave. St. 16-No. WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Victoria C. Wilkins

(a) RESIDENCE No. 606 N. Carrollton Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. A. Wilkins

6 DATE OF BIRTH (month, day, and year): Nov. 1, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Dr. Martin Leavitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Martha Covell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Mr. Willard C. Wilkins
(Address) 606 N. Carrollton Ave.

15 Filed: 2 2 1930, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1930, to Dec 20, 1930 that I last saw h. alive on Dec 20, 1930 and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) x

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? no Date of x

Was there an autopsy? no

What test confirmed diagnosis? Rectal examination

(Signed) W. Ward Williams M. D.

, 19 (Address) 3200 Biddle Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemy.

DATE OF BURIAL: Dec 22 1930

20 UNDERTAKER: John A. Mitchell & Son

ADDRESS: 1900 Eutaw Place

Instructions on back of certificates. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-002

E 63442

REGISTERED NO. E 63442

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Sq. Hospital St., 18-29 Ward)

2-FULL NAME Sophia Smith

(a) RESIDENCE NO. 1132 W. Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Smith

6 DATE OF BIRTH (month, day, and year) Mar 11 1856

7 AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
80	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work H. W. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Jos. Bochulien

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Smith
(Address) 1132 W. Pratt

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Brosius M. D.

Dec 20 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A.Co.

DATE OF BURIAL 12-23 1930

20 UNDERTAKER Bernard C. Hark

ADDRESS 1000 S. Paca St.

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very important. If DEATH in plain terms, so that it may be properly classified.

Spec.--9-30—A. & Co.—250 Bks

E 63443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63443

CERTIFICATE OF DEATH.

100-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3529 Keswick Road St 13-52 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William L. McCullough

(a) RESIDENCE No. 3529 Keswick Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. McCullough

6 DATE OF BIRTH (month, day, and year) Aug 23, 1867

7 AGE: Years 63 Months 2 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. J. McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah J. McCullough
(Address) 3529 Keswick Road

15 Filed 2-2 1930 19 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1930, to Dec 20th, 1930 that I last saw him alive on Dec 20th, 1930 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

12 months Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility. General arteriosclerosis

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Clinical

(Signed) H. A. Flee M. D.

12/21/19 30 (Address) 614 Fallsway Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means, and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Balto Co.

DATE OF BURIAL Dec 23 19 30

20 UNDERTAKER Chenowetha Son

ADDRESS 3 5 Chestnut Ave

(Reverse side of every important. See instructions on back of certificates.)

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63441 E 63441

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Mt. Royal Hotel.

CITY OF BALTIMORE: (No. Mt. Royal Ave & Calvert St. ST. 1-19 WARD)

2-FULL NAME Cyril J. Clarkson.

(a) RESIDENCE NO Mt. Royal Hotel Mt. Royal Ave & Calvert St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ---- ds. How long in U. S., if of foreign birth? yrs. 3 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) Wife of~~ Ida P. Clarkson.

6 DATE OF BIRTH (month, day, and year) August 20, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Accountant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada.

PARENTS

10 NAME OF FATHER Benjamin Clarkson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada.

12 MAIDEN NAME OF MOTHER Margaret Jarvis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada.

14 Informant Ida P. Clarkson. (wife)
(Address) 304 E. Lanvale St.

15 FILED DEC 22 1930 H. Pope Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Carl Reinhardt Coroner, M. D.

12/22/30 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Toronto Canada. DATE OF BURIAL 12/22/30

20 UNDERTAKER Henry H. Meare & Son ADDRESS 805 N. Calvert St.

THIS is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 E 63445

1—PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 15 WARD)

2—FULL NAME Flore Kolodner

(a) RESIDENCE NO. 2603 Ulman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town)

Length of residence in city nr town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 22-1924

7 AGE: Years 6 Months 11 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Meyer Kolodner

11 BIRTHPLACE OF FATHER (city or town) (State nr country) Russia

12 MAIDEN NAME OF MOTHER Rebecca -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hosp. Records

(Address)

15 Filed 221938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930 to Dec 22, 1930

that I last saw he alive on Dec 22, 1930

and that death occurred, on the date stated above, at 12:55 a.m.

The CAUSE OF DEATH* was as follows:

Catarrhal Jaundice

With Mult. Pele Hemorrhages

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Cashman, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Linkwood Cem. Shrine Mt Carmel

DATE OF BURIAL: 12-22-1930

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 E Balto St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63446

CERTIFICATE OF DEATH

170 V E 63446

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1200 W 41st Street St. 13-57 Ward)

2-FULL NAME William Carl Schultheis

(a) RESIDENCE NO. 1200 W. 41st Street St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 8, 1903

7 AGE: Years 27 Months 5 Days 11 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: conductor
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore,
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm F Schultheis

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Hennies

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Maryland

14 Informant: Mrs Anna Schultheis
(Address): 1113 Williams St.

15 Filed ..... 19 ..... CHARLES JONES, M. D. Registrar

DEC 22 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-18 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound through head! Suicide.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

12-22, 1930 (Address) 2532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Dec 22, 1930

20 UNDERTAKER: E. LeRoy Stiffler Inc

ADDRESS: 125 E. Mosher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63447 HEALTH DEPARTMENT—CITY OF BALTIMORE 101 E 63447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hos St. 12-50 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louis Barfine

(a) RESIDENCE No. Hokkein Apt 431 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Margaret Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md

14 Informant Mrs Blake Bourne
(Address) 4200 Edmondson Av

15 Filed 1930 HC Registrar

C 221930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 20, 1930, that I last saw her alive on Dec 20, 1930, and that death occurred, on the date stated above, at 4:45 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis, Chronic nephritis

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Lee Hoffman Cuellin M. D.

, 19 (Address) Virginia Hos Hotel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec 23 1930
20 UNDERTAKER	**ADDRESS**
Harry W. Ehlen	1900 W. North Ave

1-30—M. & T.—100 B—50L

E 63448

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-981 E 63448

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Hosp ST. 3-4 WARD)

2-FULL NAME Elisa Brown

(a) RESIDENCE NO 14 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	89			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer) 023
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Silas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Bertie Brown

(Address) 1421 Barney

15 Filed ..... 192 ..... Registrar

22 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Organ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular Physician

(Signed) ..... Coroner, M. D.

Dec 20 (Address) Lorraine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Dec 22, 30

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1420 Cathedral St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

63449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63449

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St. WARD) 12-4-9

2-FULL NAME Mr. Jacob Gilsinger

(a) RESIDENCE NO. Vine Mount, Penn. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? 68 yrs. 9 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Jacob Gilsinger

6 DATE OF BIRTH (month, day, and year) Mar. 2, 1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Employer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sancastu Co. Pa.

PARENTS

10 NAME OF FATHER Phillip Gilsinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Sadie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Mrs Jacob Gilsinger (wife)
(Address)

15 Filed DEC 23 1930 C. HARRISON JONES, M. D., Registrar

C 22 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1930, to Dec 22, 1930, that I last saw him alive on Dec 22, 1930, and that death occurred, on the date stated above, at 1.10 A.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia. Bilateral

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach.

(duration) ....yrs. 2 mos. ....ds.

18 Where was disease contracted if not at place of death? Vine Mount Penn.

Did an operation precede death? Yes. Date of 12-13-30.

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory.

(Signed) Edwin H. Mortimer Jr., M. D.

, 19 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Denver Pa.	Dec 21 1930

20 UNDERTAKER W. Pickel Sons — ADDRESS Ephrata

Spec.—9-30—A. & Co.—250 Bks.

E 63450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 63450

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 525 E 22nd St ~~ST~~ 9-46 WARD)

2. FULL NAME Joseph E. Albert

(a) RESIDENCE NO. 525 E 22nd St. ~~ST.~~ WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Regina E. Becker

6 DATE OF BIRTH (month, day, and year) 5-8-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Crooks

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Francis Albert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER M. Wisel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Regina Albert.
(Address) 525 E 22nd St

15 Filed Dec 22 1930, 19 C. HARRY JONES, M. D. Registrar
Per Jeff.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Dec. 15th 30, 19 ..., to Dec. 19th 30, 19 ..., that I last saw him alive on Dec. 19th 1930, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma Pylori

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) none
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) F. W. Heyrnann M. D.

19 (Address) 1710 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Dec 23 1930
20 UNDERTAKER	ADDRESS
Mary M. Medefield	501 E 22nd St

Do not write on back of certificates. Be careful to keep in mind the importance. See instructions on back.

Cor.—12-9-25—A Co.—200 Bks.

E 63451

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E 63451

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 816 Carroll St. 21-24 Ward)

2-FULL NAME Lawrence B. Toomey

(a) RESIDENCE NO. 1121 Nanticoke St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Toomey

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Abt. 45 Years — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: United R. R. Co.

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: John Toomey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Mrs. Mary Toomey

(Address): 1121 Nanticoke St.

15 Filed C. Hampson JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 December 20, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Death Electrocution

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. H. Crooke M. D. (Coroner)

Dec. 21, 1930 (Address) 3601 Third St. Brooklyn 14

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial: Dec. 23 1930

20 UNDERTAKER: Robert Cook

ADDRESS: 1003 West ~~Baltimore St~~

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 63452

E 63452

REGISTERED NO. 15-65

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Chelsea Terrace ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Harrison Christian

(a) RESIDENCE NO. 2316 Chelsea Terrace ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Fleming Christian

7 DATE OF BIRTH (month, day, and year) Nov. 7, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk, Virginia

PARENTS

10 NAME OF FATHER John Bonsal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Skumer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs. Robert L. Heiser
(Address) 2316 Chelsea Terrace

15 Filed ..... 19..... JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec. 21, 1930, that I last saw her alive on Dec. 21, 1930 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (primary) (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Homer U. Dodd, M. D.

12/22, 1930 (Address) 735 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Dec. 23 1930

20 UNDERTAKER Robert L. Cook

ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63453

43

E 63453

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Betz

(a) RESIDENCE NO. 2511 Reservoir Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Betz

6 DATE OF BIRTH (month, day, and year) Dec 3 1874

7 AGE: Years 56 Months Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Doeflein

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

E63453 030 JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20/1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 20, 1930, that I last saw him alive on Dec 20, 1930 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tonsil

(duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. 2 hrs. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Dec 20 1930

Was there an autopsy? No

What test confirmed diagnosis? Pathology & Clinical

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Dec 23 1930

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Spec.—1-12-28—M&T—500 Blks.

Jakubiak

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63454

E 63454

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2007 Ruter Ct. ST. 7-4 WARD)

2-FULL NAME Anthony Jakubiak

(a) RESIDENCE NO. 2015 Essex St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept-21-1930

7 AGE: Years ..... Months 3 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chester Jakubiska

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Gox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Chester Jakubiska
(Address) 2015 Essex St

15 DEC 22 1930 19 ..... C. HUNTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Dec 21, 1930, that I last saw he alive on Dec 21, 1930, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Simple)

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac paralysis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

Dec 27 1930 (Signed) William J. Ryan M. D.
(Address) 2012 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Dec 22 1930

20 UNDERTAKER: John M Weber — ADDRESS: 402 Chester

See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63455

E 63455

HEALTH DEPARTMENT—CITY OF BALTIMORE

49

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 2-4 WARD)

2-FULL NAME Mrs. Jennie Checinski

(a) RESIDENCE NO. 2003 Gough St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Walter Checinski

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years 48 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Walter Checinski
(Address) 2003 Gough St

Filed DEC 27 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-30

17 I HEREBY CERTIFY, That I attended deceased from 12-20, 19 30, to 12-21, 19 30, that I last saw her alive on 12-21, 19 30, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral tumor

(duration) yrs. 1½ mos ..... ds. (known)

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. 1½ mos. ..... ds. (known)

18 Where was disease contracted if not at place of death? 2003 Gough St.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Hyperc

(Signed) Nicholas Donelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Dec 24 1930

20 UNDERTAKER John M Weber ADDRESS 40 N Chester

Spec.—8-16-29—L. F. S.—100 Bks.

E 63456

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63456

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 3327 Edmondson Ave. ST. 70-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Genevie Newton

(a) RESIDENCE NO. 3327 Edmondson Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Newton

6 DATE OF BIRTH (month, day, and year) July 5 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Housework 031

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER L. M. Foster

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Nancy C. Insco

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant William Newton
(Address) 3327 Edmondson Ave

15 Filed C 22 1930 1930 Harold Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 20, 1930, that I last saw her alive on Dec. 20, 1930 and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) Wm. T. Seabury, M. D.

12-22 1930 (Address) 636 Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/23 1930

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fort

Cor.—10-10-29—A Co.—100 Bks.

E 63457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63457

197

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore: (No. 1200 - W Hill St 13-57 Ward)

2 FULL NAME Florence Louise Schultheis

(a) RESIDENCE NO. 1200 W - Hill St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. - How long in U. S., if of foreign birth? 2 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Wm Schultheis

6 DATE OF BIRTH (month, day, and year) Dec 16, 1908

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	22		4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER Joseph Arnold

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) England

12 MAIDEN NAME OF MOTHER Florence Andrews

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) England

14 Informant Joseph Arnold
(Address) 1200 W-Hill St

15 Filed _____ 19_____ C. HERMAN JONES, M. D. Registrar
By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun-Shot Wound Through Head Homicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) John J. Morrissey, M. D.

Jan. 1, 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 1/23 1931

20 UNDERTAKER Walter R. McNamee

ADDRESS 4114 Fels St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63458

197 E 63458

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1200-W-41-st St. 43-57 Ward)

2-FULL NAME Dolous. Elnor Schultheis

(a) RESIDENCE NO. 1200-W-41 st St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 22, 1928

7 AGE: Years 2 Months 4 Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Wm Schultheis

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Florence Arnold

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Beth Arnold
Address 1200 W-41 st

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

22 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Gunshot Wound
Through Head
Homicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John Morrison M. D.

Dec. 19 30 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: 12/23 1930

20 UNDERTAKER: Walter R. McNamee

ADDRESS: 4114 Fels Pt

C OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 22

Spec.—1-30—M. & T.—250 Bks.

E 63459 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63459

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Schroeder St., 19-27 WARD)

2-FULL NAME Mary J Howard

(a) RESIDENCE No. 112 N. Schroeder ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George W. Howard

6 DATE OF BIRTH (month, day, and year) March 9. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) — 064

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Informant Chas W Howard
(Address) 112 N. Schroeder St

15 Filed 22 1930 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1930, to Dec 19, 1930, that I last saw her alive on Dec 19, 1930, and that death occurred, on the date stated above, at 9-20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. G. Hopkins M. D.

(Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL Dec 23, 1930

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

Spec.—1-30—M. & T.—250 Bks

E 63460

E 63460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST. 18-26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Wooden

(a) RESIDENCE NO. 7 N. Carlton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Beatrice Wooden

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Beatrice Wooden
(Address) 7 N. Carlton St.

15 Filed ..... Registrar

2 2 1930 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/30

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1930, to 12/21, 1930, that I last saw him alive on 12/21, 1930, and that death occurred, on the date stated above, at 5 20 ~~A.~~ P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

12/21, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Dec 26, 1930

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

1-30—M. & T.—100 B—50L

E 63461

HEALTH DEPARTMENT—CITY OF BALTIMORE

178

E 63461

CERTIFICATE OF DEATH

23-31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ~~WARD~~)

2-FULL NAME John Ricks. (C)

(a) RESIDENCE No 1012 Plum Alley. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	---------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed ..... 192 ..... Registrar

5999 MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
2nd & 3rd degree burns of the body.
Burning house.
Accidental Death.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1012 Plum Alley.

Did an operation precede death? No. Date of December 8, 1930

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. M. Bernhardt, M. D. Coroner

12/20/30 (Address) 1017 E Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

DEC 22 1930

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63462

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63462

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail. ST. 4-6 WARD)

2-FULL NAME Fletcher Andrews. (C)

(a) RESIDENCE No 121 South St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed DEC 20 1930 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

12/20/30 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19 DEC 22 1930

ADDRESS

20 UNDERTAKER Commissioner Health.

ADDRESS

THE MORGUE,

TION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63463

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 63463

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 W. Lanvale ST. 16-32 WARD)

2—FULL NAME Baby Boggs

(a) RESIDENCE NO. 1600 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	B.	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-19-30

7 AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or ..... min.
—	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Anthony Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington, D. C.

12 MAIDEN NAME OF MOTHER Eva Boggs

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Father
(Address) 1600 W. Lanvale

15 Filed ..... 19 .....

C. HAMILTON JONES, M. D.
Registrar

5806

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-30

17 I HEREBY CERTIFY, That I attended deceased from 12-19-30 12 A.M. 19..., to 12-19-30 5 P.M. 19..., that I last saw h~~m~~ alive on 12-19-30 5 P.M. 19..., and that death occurred, on the date stated above, at 5 P.M. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilis (maternal)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. Alexander Worley, M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
JOHNS HOPKINS HOSPITAL

UNDERTAKER
Commissioner Health.

DATE OF BURIAL
19

ADDRESS

DEC 22 1930

Spec.—1-30—M. & T.—250 Bks

E 63464 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63464

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 12-51 ..... WARD)

2-FULL NAME Herman R. Smith

(a) RESIDENCE NO. 241 W. 29th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer odd jobs

9 BIRTHPLACE (city or town) ?
(State or country) Md.

PARENTS
10 NAME OF FATHER Edward
11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Md.
12 MAIDEN NAME OF MOTHER Frances Smith
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed DEC 22 1930, 19 .....

C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-30

17 I HEREBY CERTIFY, That I attended deceased from 10-31-30, 19....., to 12-16-30, 19.....,
that I last saw h. in alive on 12-16-30, 19.....,
and that death occurred, on the date stated above, at 11:20 P.m.
The CAUSE OF DEATH* was as follows:

Hemorrhages into cerebrum (multiple)
(duration) ....yrs. ....mos. 48 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension unknown.
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.
(Signed) Paul Podgel, M. D.
12-18, 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
DATE OF BURIAL .....19.....

20 UNDERTAKER
ADDRESS

Commissioner Health

DEC 22 1930

DEC 22 1930 8301

Spec.—1-30—M. & T.—250 Bks.

E 63465 E 63465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-001

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 16-23 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Alexander

(a) RESIDENCE NO. 1004 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1930

7 AGE: Years ..... Months 2 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER Nate Alexander

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Fla

12 MAIDEN NAME OF MOTHER Dorothy Holland

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Bureau

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar .....

C 22 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18/30

17 I HEREBY CERTIFY, That I attended deceased from December 14, 1930, to December 18, 1930, that I last saw her alive on December 18, 1930, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity
Hydrocephalus

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Findings

(Signed) J. C. Goodwin, M. D.

12/19, 1930 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health
Fel. Wm. H. WORRA

DEC 22 1930

Spec.—1-30—M. & T.—250 Bks.

242476 E 63466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63466

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Marshall

(a) RESIDENCE No. 804 N. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE B

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 2-1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — NO

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Napoleon Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Minnie Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

14 Informant Records
(Address)

15 Filed ..... 19..... C. HARRY JONES, M. D.
Registrar

22 1930 3303

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-15-1930

17 I HEREBY CERTIFY, That I attended deceased from Nov-8, 1930, to Dec-15, 1930, that I last saw her alive on Dec 15, 1930, and that death occurred, on the date stated above, at 5-25 p m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Physical findings

(Signed) F. C. Goodwin M. D.

12/16, 1930 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

DEC 22 1930

Spec.—1-30—M. & T.—250 Bks.

E 63467 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63467

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-20 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Williamson

(a) RESIDENCE No. 2004 Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/16/30

7 AGE: Years ..... Months ..... Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Magdaline Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents
(Address)

15 Filed 5304 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16th, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Dec 16, 1930, that I last saw h/m alive on Dec 16, 1930, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? History and Physical Findings

(Signed) H. C. Coogan M. D.

12/19 1930 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

UNDERTAKER Commissioner Health

ADDRESS Dr. Wm. H. Woods

DEC 22 1930

Spec.—1-30—M. & T.—250 Bks.

E 63468 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63468

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-10 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gloria Matthews

(a) RESIDENCE NO. 125 N. Glover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/17/30

7 AGE Years ..... Months ..... Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Madeline Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

5303

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 18, 1930, that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. 17 hrs. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) G. C. Goodwin, M. D.

12/19/1930 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19 DEC 22 1930

20 UNDERTAKER Commissioner Health

ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 63469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63469

46

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 204 E. Lanvale ST., 17-14 WARD)

2-FULL NAME Isabelle Allen

(a) RESIDENCE NO. 204 E. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Daniel H. Allen

6 DATE OF BIRTH (month, day, and year) July 8-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER — Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Hilliary F. Hopkins
(Address) 204 E. Lanvale St.

15 FEB 21 1930 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21-1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1930, to Dec 21, 1930, that I last saw her alive on Dec 21, 1930, and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus with Metastasis
Secondary Anemia

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Earl C. Norris, M.D.

, 19 (Address) 806 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Dec. 23-1930.

20 UNDERTAKER Horace F. Burger — ADDRESS 3631 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 63470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63470

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 Spenson ST. 1572 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Parks,

(a) RESIDENCE NO. 1937 Spenson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced. (write the word)~~: Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Parks

6 DATE OF BIRTH (month, day, and year): Oct 26 1852

7 AGE: Years 78 Months 2 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 062

(b) General nature of industry, business, or establishment in which employed (or employer): Watchman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph B. Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary J. Weeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Lizzie Kidwell

(Address) 1937 Spenson St.

15 2 2 1930

16 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1930, to Dec. 22, 1930, that I last saw him alive on Dec. 21, 1930, and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Thomas, M. D.

12/22, 1930 (Address) 190 Guilford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Dec 24 1930

20 UNDERTAKER: Fos Foersons & Son — ADDRESS: 2173 S. Pac

CHARLES SON JONES, M. D.

NFW

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63471

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 W Lombard ST. 4-29 WARD)

2-FULL NAME ADAM BARNISKIS OR BARNES

(a) RESIDENCE NO. 714 W Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. * mos. * ds. How long in U. S., if of foreign birth? 48 yrs. * mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1871

7 AGE 59 Years * Months * Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER Matthews Barniskis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Anna Barniskis
(Address) 714 W Lombard Street

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

22 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20. 1930

17 I HEREBY CERTIFY, That I attended deceased from July 19 29 to Dec. 20 1930, that I last saw him alive on Dec. 17 1930, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(duration) 1 yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) J. A. Buchness, M. D.

19 (Address) 375 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec. 23. 1930

20 UNDERTAKER John Grebliauckas
John Grebliauckas

ADDRESS 423 S. Paca St.

Read the back of certificates. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 22-30 ..... WARD)

2-FULL NAME Paul Markunis

(a) RESIDENCE NO. 605 (Usual place of abode) 60 Washington Blvd. ST., ... WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of –

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dishwasher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Snyder's Restaurant

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Records of
(Address) Belto. City Hosp.

Filed 2 2 1930 C. HARRISON JONES, M. D., Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-30

17 I HEREBY CERTIFY, That I attended deceased from 12-20-30, 19..., to 12-21-30, 19...,

that I last saw him alive on 12-21-30, 19...,

and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget, M. D.

12-22 1930 (Address) Belto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 24, 1930

20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S Paca St

Spec.—1-30—M. & T.—250 Bks

E 63473

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 E 63473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... ST. 2129 WARD

2-FULL NAME Catherine M. Schlotthober

(a) RESIDENCE NO. 1217 Carroll St. WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry J. Schlotthober

6 DATE OF BIRTH (month, day, and year) Apr 20. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Adam Schlag

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Bullock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Paul Needing
(Address) 1168 Cleveland St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-30

17 I HEREBY CERTIFY, That I attended deceased from 12-17, 1930, to 12-21, 1930 that I last saw h alive on 12-21, 1930 and that death occurred, on the date stated above, at 1:20 P.m.

The CAUSE OF DEATH* was as follows: Hypertensive Cardio vascular Nephritic Disease

(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremic Coma (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical; autopsy

(Signed) W. E. Hammer M. D.

, 19 (Address) 207 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Dec 23, 1930

20 UNDERTAKER Mrs. Jno. John W. Teufel & Son

ADDRESS 801 W. Fayette

15 Filed 2 2 1930 G. HAMPSON JONES, M. D. Registrar

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63474

178 E 63474

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospt. St., 4-25 Ward)

2-FULL NAME Sadie Schaeffer

(a) RESIDENCE NO. 6 Penn St. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas F. J. Schaeffer

6 DATE OF BIRTH (month, day, and year) Oct 4th 1880

7 AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
50	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Lewis Coote

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Katie Rodgers

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Mr Lewis Coote
(Address) 1703 Lemmon St.

15 Filed 1930 C. HUMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1930.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
1st & 2nd. degree burns of Entire body. Accidental Death (over)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 6 Penn St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Feldt M. D.

12/22 1930 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	12/23/1930
20 UNDERTAKER John J. Cowan & Son	ADDRESS George Hollins St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 2 1930

Spec.—1-30—M. & T.—250 Bks.

E 63475

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-001

E 63475

CERTIFICATE OF DEATH.

24433

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt Gen ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Dolphin

(a) RESIDENCE NO. 808 E. Fort ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Johanna Dolphin

6 DATE OF BIRTH (month, day, and year) Jun 8, 1861

7 AGE: Years 69 Months 11 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Dolphin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know

14 Informant: Frank Dolphin

(Address): 808 E. Fort Ave

15 Filed Dec 24, 1930

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 22, 1930, that I last saw him alive on Dec 22, 1930, and that death occurred, on the date stated above, at 5 00 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Strangulated Inguinal hernia gangrenous Intestine & peritonitis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 8-1930

Was there an autopsy?

What test confirmed diagnosis? operation & physical signs

(Signed) W. J. Sullivan, M. D.

, 19 (Address) So Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk Cem

DATE OF BURIAL: Dec 24 1930

20 UNDERTAKER: H. Hall Evans

ADDRESS: 38 E. Fort Ave

FROM is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74001 ✓ E 63476

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 2073 - St Paul St. (Ward) 27-53

2-FULL NAME John E Kehoe

(a) RESIDENCE No. Wyndhurst Lansdale sv St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Wh	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Kehoe

6 DATE OF BIRTH (month, day, and year) Sept 16, 1864

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
66	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Hospital
(c) Name of employer Duncan Sandoun

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Kehoe

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Ann Earl

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Geo Arthur Dyson
(Address) Wyndhurst Lansdale

18 Filed ..... 19 ..... C. HUNSON JONES, City Registrar,
DEC 22 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Geo M Bowers, M. D.

12/22 1930 (Address) 1032 Poland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Ignatius, Hickory Md

DATE OF BURIAL 12/23/1930

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

properly classified. PHYSICIANS should state CAUSE

in plain terms, so that it may be

Spec.—I-30—M. & T.—250 Bks

E 63477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63477

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 E. Preston ST., 9-18 WARD)

2-FULL NAME Oliver Barron Holt

(a) RESIDENCE No. 1232 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Charles Holt

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Casandra Riley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs Nicholas Wernsdorfer (Address) 3002 Rosalind ave.

15 C. HARRISON JONES, M.D. Registrar

C 22 1930 19 Filed Nov

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21/1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930 to Dec 21, 1930 that I last saw him alive on Dec 21, 1930 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (duration) 11 yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Edema of Lungs (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert S. Norris M. D.

Dec 22 1930 (Address) 1728 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Dec 23 1930

20 UNDERTAKER Chas. G. Black — ADDRESS 142 W North ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63478

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63478

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Jefferson ST., 5-8 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Ellis Thomas

(a) RESIDENCE NO. 1303 Jefferson ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	b.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ellis

6 DATE OF BIRTH (month, day, and year) July 4. 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
23		5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lottie Carter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Lida Nesent
(Address) 1138 S. Lexington St.

15 C. HARRISON JONES, M. D.
221930 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930 to Dec 19, 1930, that I last saw her alive on Dec 19 1930 and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo Allen, M. D.

, 19 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	12/23 1930

20 UNDERTAKER	ADDRESS
Mrs Estes H. Bailey	1421 Jefferson St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63479

161-001

CERTIFICATE OF DEATH

E 63479

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2606 Llewelyn Ave ST., 8-16 WARD)

2—FULL NAME Baby Girl Lembach

(a) RESIDENCE NO. 2606 Llewelyn Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1930

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day 3 hrs or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Jacob Lembach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Dorothy Marie Ullrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Charles Jacob Lembach
(Address) 2606 Llewelyn Ave

15 Date C 23 1930 No. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to Dec 22, 1930, that I last saw her alive on Dec 22, 1930 and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 months)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asphyxia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Victor Goldberg, M. D.

Dec. 22, 1930 (Address) 1524 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Dec. 23, 1930

20 UNDERTAKER: Haney Abell Sons Inc.

ADDRESS: 401 E Eager St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63480

CERTIFICATE OF DEATH

90 E 63480

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 10 Bishop Road St., 12-49 Ward)

2-FULL NAME Martha Harris

(a) RESIDENCE NO. 10 Bishop Road St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Colored

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years About 60 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER U

11 BIRTHPLACE OF FATHER (city or town) (State or country) U

12 MAIDEN NAME OF MOTHER U

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U

14 Informant Ida Fitton
(Address) 524 Bolton St

15 Filed ..... 19.. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Globular Disease of Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John Morrissey M. D.

12-22-1930 (Address) 362-2 Rolland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. | DATE OF BURIAL: 12/23/30

20 UNDERTAKER: Jno Owens | ADDRESS: 538 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 29 1930

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 63481

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 6-9 WARD)

2-FULL NAME Foster H. Perkins

(a) RESIDENCE NO. Chestertown, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year)

7 AGE: 53 | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chestertown Md

PARENTS

10 NAME OF FATHER: Jas. Alfred Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co. Md

12 MAIDEN NAME OF MOTHER: Elizabeth Clackner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Md

14 Informant: Herbert E. Perkins
(Address): Chestertown Md

15 Filed ..... 19..: G. THEODORE JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22/30.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Dec. 22, 1930, that I last saw him alive on Dec 22, 1930, and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Cystitis

(duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (Secondary): Septicemia; Bronchopneumonia

(duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestertown, Md

DATE OF BURIAL: Dec 23, 1930

20 UNDERTAKER: George J. Smith

ADDRESS: 1532 Hollins St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188 ✓ 10.3

E 63482

E 63482

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St. 27 Ward)

2-FULL NAME Van W. Bayly

(a) RESIDENCE NO. 4306 Falls Road St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Leila Bayly

6 DATE OF BIRTH (month, day, and year) Dec 5 1857

7 AGE: Years 73 Months 0 Days 16 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 13

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer Pa. Ry

9 BIRTHPLACE (city or town) _____

(State or country) Pa

PARENTS

10 NAME OF FATHER Joseph T. Bayly

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Gettysburg Pa

12 MAIDEN NAME OF MOTHER Harriet Hamilton

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Pa

14 Informant Otto Bayly

(Address) 4306 Falls Rd

15 Filed _____ 19 _____ HENRY M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

Screen and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

18 CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

(Signed) J. J. Franz M. D.

(Coroner)

12/23 1930 (Address) 2439 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 3600 Falls Road

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gettysburg Pa Date of Burial Dec 24 1930

Overgreen Cemetery

20 UNDERTAKER A. Marshall ADDRESS 3539 Falls Rd

very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63483

Plotczyk

HEALTH DEPARTMENT—CITY OF BALTIMORE 113

E 63483

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 814 S Milton ST. 1-3 WARD)

2-FULL NAME Lorraine Stolczak ~~Plotczyk~~

(a) RESIDENCE NO 814 S Milton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 26-1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Plotczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Constantine Rosinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Constantine Plotczyk ~~Plotczyk~~

(Address) 814 S Milton Ave

15 Filed ..... G. HAMPSON JONES, M. D. Registrar

C 23 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Rickets

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Of Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Phy History

What test confirmed diagnosis?

(Signed) G. C. Yates, M. D. Coroner

, 19 (Address) 1415 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hamilton Cemetery — DATE OF BURIAL Dec. 23- 1930

20 UNDERTAKER George A. Weber — ADDRESS 205 S. Ann St

Spec.—1-30—M. & T.—250 Bks.

243349

E 63484

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 129 ✓

E 63484

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Quickley

(a) RESIDENCE No. 1605 Faith Lane ST., ... WARD West 46
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Charles Moulton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Edna Howes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address)

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

C. 231939

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1930, to Dec 20, 1930, that I last saw her alive on Dec 20, 1930; and that death occurred, on the date stated above, at 4.05 A m.

The CAUSE OF DEATH* was as follows:

Myocardial failure, cardio-vascular disease, hypertension, arterio-sclerosis, cardiac enlargement

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Caroline C. Bedell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary cemetery

DATE OF BURIAL Dec. 21, 1930

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1726 Ashland Ave

NOTE—This is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

24 001

E 63485

CERTIFICATE OF DEATH.

E 63485

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. East Ave ST. 1 WARD)

2-FULL NAME Alma Andree

(a) RESIDENCE NO. 718 S. East Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Andree

6 DATE OF BIRTH (month, day, and year): Nov. 14, 1865

7 AGE: Years 65 Months 1 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: August Ose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Alma Grambert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Margaret Burns

(Address) 718 S. East Ave

15 Filed 1930 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1930, to Dec 20 1930, that I last saw her alive on Dec 20 1930 and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows: Cerebral Apoplexy — General Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Kearney M. D.

19 (Address) Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Dec 7 1930

20 UNDERTAKER: H. Snider Sons Inc

ADDRESS: 1710 Pennsylvania

See instructions on back of certificates.

TION is very important

DEC 22 1930

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63436 88 E 63436

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1135 Ward St. (Ward) 21-29

2. FULL NAME Grace R. Gsnbe.

(a) RESIDENCE No. 1135 Ward St. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27 1882

7 AGE: Years 48. Months 10 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer): 000
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Gaba.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Emma Dillman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Frank. Brown
(Address) 1135 Ward St.

15 ..... HARRISON JONES, M. D. Registrar

DEC 23 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20/30

17
I HEREBY CERTIFY, That I attended deceased from Nov 1- 1930, to Dec 20 1930
that I last saw her alive on Dec 19 1930
and that death occurred, on the date stated above, at 9.15 am
The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. G. Freiberger M. D.
12/20/30 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL 12/23 1930

UNDERTAKER: Liston T. Tuesellburg — ADDRESS 1020 St Paul.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63487

74-001 E 63487

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 324 N. Gilmor St., 17-27 Ward)

2-FULL NAME Anne Saunders

(a) RESIDENCE NO. 324 N. Gilmor St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Saunders

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 43 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): 039
(c) Name of employer

9 BIRTHPLACE (city or town): Va
(State or country)

PARENTS

10 NAME OF FATHER Wm Robeson

11 BIRTHPLACE OF FATHER (city or town): Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Va

14 Informant: John Saunders
(Address): 324 N. Gilmor

15 Filed ..... 19.. C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. O. Brooke M. D.

Dec 23 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cem

DATE OF BURIAL: Dec 25 1930

20 UNDERTAKER: Joseph A. Lively

ADDRESS: 409 N Mount St

Important. See instructions on back of certificate.

DEC 23

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63488

REGISTERED NO. E 63488

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Anntana Ave. ST. 56-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME HENRY OPPERHAUSER

(a) RESIDENCE No 4203 Anntana Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgie Opperhauser

6 DATE OF BIRTH (month, day, and year) March 3, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer Gatch M. E. Church

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Opperhauser

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Grimm

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Harry Opperhauser
(Address) 4203 Anntana Ave.

15 Filed Dec 29 1930 Harry S. JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Walker, M. D.
Dec 22/30 1930 (Address) 508 E. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 24 1930

20 UNDERTAKER Frederick Lassahn Sons

ADDRESS 7401 Belair Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63489

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. City Hospitals ST. ..... WARD)

2-FULL NAME ANNA GRANSEE

(a) RESIDENCE NO. Stemmers Run, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Gransee

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Henry J. Gransee
(Address) Linthicum Heights

15 Filed ..... 192 H. LEE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20th 19 30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down by Auto while crossing road

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Rosedale (Philards)

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Frank, M. D. Coroner

12 23 30 (Address) 29 39th & Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Lutheran Cemetery

DATE OF BURIAL Dec. 23 19 30

20 UNDERTAKER Friedrich Lassahn & Son

ADDRESS 7401 Belair Rd.

Spec.—1-30—M. & T.—250 Bks.

E 63490

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 63490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. ST., 12-50 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Getz Bolton

(a) RESIDENCE No. 2742 N Calvert ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Michael Getz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary R Burgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Dan F Bolton
(Address) 2742 N. Calvert St

15 Filed ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec. 21, 1930, that I last saw her alive on Dec. 21, 1930, and that death occurred, on the date stated above, at 5-30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Fielding M. D.

, 19 (Address) 11 Mt Vernon Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 24 1930

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Greenmount Ave

FILED DEC 23 1930

...TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63491

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 63491

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B. 6-9

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Robert W. Griner

(a) RESIDENCE NO. 103 N. Bond st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engine fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Augusta
(State or country) Georgia

PARENTS

10 NAME OF FATHER Wm. Griner

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Ella Coleman

13 BIRTHPLACE OF MOTHER (city or town) Augusta
(State or country) Gerogia

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28, 19 30, to Dec. 21, 19 30, that I last saw h..... alive on Dec. 21, 19 30, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia, acute

(duration) ....yrs. 5 mos 24 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) David Penne, M. D.

12-22 1930 (Address Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — DATE OF BURIAL 12-23-30

20 UNDERTAKER Robert Williams — ADDRESS 1515 Mc Elderry St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

De 63492 DeEMA Heyward Taylor

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 63492

CERTIFICATE OF DEATH

Rel. PK 27-53

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Park Lane ST. ..... WARD .....

2-FULL NAME Mr Winfield John Taylor

(a) RESIDENCE No. 102 Park Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Winfield S. Taylor

6 DATE OF BIRTH (month, day, and year) April 24 1854

7 AGE: Years 76 Months 7 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Wilmington Del
(State or country)

PARENTS

10 NAME OF FATHER Geo Francis Heyward

11 BIRTHPLACE OF FATHER (city or town) Charleston
(State or country) S.C.

12 MAIDEN NAME OF MOTHER Maria Poolman

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country) New Castle Del

14 Informant Heyward Taylor
(Address) 102 Park Lane

15 Filed ..... H. HUNSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/30

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930, to 12/21, 1930, that I last saw her alive on 12/20, 1930, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
R, Hemiplegia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What tests confirmed diagnosis? .....

(Signed) Geo. W. Hastings, M. D.

12/21 1930 (Address) 5835 Greek Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St John's Waverly

DATE OF BURIAL Dec 23rd 1930

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Belvedere & Orchard Sts

1-30—M. & T.—100 B—50L

E 63493

HEALTH DEPARTMENT—CITY OF BALTIMORE

1980

CERTIFICATE OF DEATH

REGISTERED NO. E 63493

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Stiles ST. 16-22 WARD)

2-FULL NAME Bessie Nickens

(a) RESIDENCE NO 812 N. Stiles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry —

6 DATE OF BIRTH (month, day, and year) Mar 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Clinton Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Fannie Washington
(Address) 812 N. Stiles

15 Filed ..... 192 ..... MARSHALL JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 21 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry & Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Hemorrage due to stab
Wound of heart (Stabbed)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Have not found knife)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 812 N. Stiles

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. Pelhulk, M. D. Coroner

(Address) Cecil

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Stone Lancaster Co Va.

DATE OF BURIAL Dec 24 1930

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—2-29-28—L. F. S.—500 lks.

63494

HEALTH DEPARTMENT—CITY OF BALTIMORE

5 NE 63494

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden & Madison Baltimore Md. ST., 15-23 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alvin Branford

(a) RESIDENCE NO. 1502 Woodyear ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20, 1915

7 AGE: Years 15 Months 5 Days 28 If LESS than 1 day, hrs. or min. 27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Anne Arundelle

PARENTS

10 NAME OF FATHER: Alvin Branford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co. Md

12 MAIDEN NAME OF MOTHER: Margaret Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co. Md.

14 Informant: Hospital Records

(Address)

15 Filed _____ 19 _____ JOHN J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1930

17 I HEREBY CERTIFY, That I attended deceased from September 27, 1930, to Dec 18, 1930, that I last saw him alive on December 18, 1930 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Rheumatic Fever

(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary): Acute Endocarditis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Findings

(Signed) Robert V. Clemente, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec 24 1930

20 UNDERTAKER: Thomas E. Kelcom

ADDRESS: 1302 Preston ant

C 231930

Important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63495

CERTIFICATE OF DEATH

167-1001

E 63495

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2nd Gen Hosp ST. 11-24 WARD)

2-FULL NAME Catherine Frederick

(a) RESIDENCE No. 301 Cathedral ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur

6 DATE OF BIRTH (month, day, and year) Feb 22-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Richard Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Arthur Frederick

(Address) 301 Cathedral

15 Filed ..... 19.. ..... Registrar

C 231999

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22nd 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Asphyxia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Summary Gas

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 301 Cathedral

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount Cemetery

DATE OF BURIAL 12/26/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63496

CERTIFICATE OF DEATH.

129 E 63496

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 Winston ST. 27-18 WARD)

2-FULL NAME Anna M Ivers

(a) RESIDENCE No. 329 Winston Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John T. Ivers

6 DATE OF BIRTH (month, day, and year) 2. 2. 1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	2.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Chester Pa

PARENTS

10 NAME OF FATHER ? Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John T. Ivers
(Address) 329 Winston Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22 - 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1930, to Dec 22, 1930, that I last saw her alive on 12/21 - 1930 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Unknown.

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Influenza & Age
(duration) 1 yrs. X mos. — ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Hutzinger, M. D.

, 19 (Address) 1340 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester Pa Cemetery

DATE OF BURIAL: 12/24/ 1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 231930

Sp—8-16-29—L. F. S.—100 Bks.

✓ 3939 W. Belden St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63497

88

E 63497

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 7-43 WARD)

2—FULL NAME Elsie May Myers

(a) RESIDENCE NO. 2904 Pinewood Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Samuel A. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Brannock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Samuel Myers
(Address) 2904 Pinewood Ave

15 Filed ..... 19 ..... Registrar

DEC 23 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22/30

17 I HEREBY CERTIFY, That I attended deceased from 12/8/30, 19..., to 12/22, 19 30, that I last saw h. alive on 12/22, 19 30 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Accute Dilitation

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. J. Frame, M. D.

12/23 1930 (Address) 3939 W. Belden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster (Westminster)

DATE OF BURIAL: 2nd 12/24/1930

20 UNDERTAKER: L. J. Buck

ADDRESS: 6405 Saffron

Important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 63498

74-001

E 63498

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Carrollton av ST. 16-76 WARD)

2-FULL NAME Emma Brown

(a) RESIDENCE No. 213 Carrollton av ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs — mos — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Brown

6 DATE OF BIRTH (month, day, and year) Jan 7 1880 unknown

7 AGE: Years 50 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Farlee Kent Co. Md.

PARENTS

10 NAME OF FATHER: Berry Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: James T. Brown (Address) 213 Carrollton St

15 Filed: HARRY S. JONES, Registrar

EC 23 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 21, 1930, that I last saw her alive on Dec 21, 1930, and that death occurred, on the date stated above, at 12.45 A.M.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical Symptoms

(Signed) Chas. H. Hoover M. D.

(Address) 712 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Dec. 27, 1930

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3221 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63499

101-806

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST. 76-37 WARD)

2-FULL NAME Rosa Raspi

(a) RESIDENCE NO. 3120 Gough ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) June 15, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	21	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Louis Raspi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Esther Denlia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 19 HAROLD JONES, M. D. Registrar

FEB 23 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-30

17 I HEREBY CERTIFY, That I attended deceased from 12-11-30, 19..., to 12-22-30, 19..., that I last saw her alive on 12-22-30, 19..., and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute follicular tonsillitis (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home.

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

12-22 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 24 1930

20 UNDERTAKER M. W. E. Duppelbar — ADDRESS 321 Cant St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159-002

E 63500

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Second St. Brooklyn, ST., 25-77 WARD)

2-FULL NAME Gloria J. Stumpf.

(a) RESIDENCE NO 4116 Curtis Ave. Curtis Bay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 26, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arthur Stumpf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Thelma Linderborn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Thelma Stumpf. (mother)
(Address) 4116 Curtis Ave. Curtis Bay.

15 Filed DEC 23 1930 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.
Mitral Insufficiency.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4116 Curtis Ave.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

12/28/30 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Dec 23 1930

20 UNDERTAKER F. A. Krause & Son

ADDRESS 703 Hamer St

E 63501 HEALTH DEPARTMENT—CITY OF BALTIMORE 118 E 63501

CERTIFICATE OF DEATH

1-PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (No. N. Broadway ST., 7-12 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Alberta

(a) RESIDENCE NO. 901 Fuzeine Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Alberta

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years 79; Months; Days; If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS
10 NAME OF FATHER: Joseph Pirka
11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia
12 MAIDEN NAME OF MOTHER: Mary Pamrba
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Mary Peterka
(Address): 901 Fuzeine Ave

15 Filed: 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21/30

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 19 30, to 12/21, 19 30, that I last saw him alive on 12/21, 19 30, and that death occurred, on the date stated above, at 11.25 P.M.

The CAUSE OF DEATH* was as follows: Cholecystitis left inguinal hernia with partial obstruction of bowel
(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 12/20/30

Was there an autopsy? No

What test confirmed diagnosis? History - Physical operation

(Signed) G. Frank Hewitt, M. D.

12/4, 19 30 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 24 1930

20 UNDERTAKER: Thos. J. Crouch Son — ADDRESS: 1906 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63502

CERTIFICATE OF DEATH

REGISTERED No. 94-001 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 E. Madison ST. 7-13 WARD)

2. FULL NAME Anna Kuzel

(a) RESIDENCE No. 913 N. Castle ST.. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kuzel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Ann Kuzel
(Address) 913 N. Castle St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22/30

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Dec 22, 1930 that I last saw her alive on Dec. 22, 1930 and that death occurred, on the date stated above, at 1:00 P m.

The CAUSE OF DEATH* was as follows:

Senile Psychosis
Arterio Sclerosis (generalized)
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Not

(Signed) Joseph Polony M. D.

, 19 (Address) 2200 E. Madison St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Frank Grove & Son — ADDRESS 1406 Gilmor St

CAUSE OF DEATH must be properly certified by a physician. Check of certificates is very important. See instructions on back of

E 231930

Spec.—1-30—M. & T.—250 Bks.

E 63503

E 63503

31

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3239 Ravenwood Ave. 48-40 WARD)

2-FULL NAME Mary Agnes Taylor

(a) RESIDENCE No. 3239 Ravenwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Late George Taylor

6 DATE OF BIRTH (month, day, and year) 2/28/1895

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Ernest A. Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary A. Engelbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Mary A. Wolf
(Address) 1100 E. Hoffman St

15 Filed DEC 23 1930 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/30

17 I HEREBY CERTIFY, That I attended deceased from 12/17/ 19 30, to 12/20 19 30

that I last saw her alive on 12/20 19 30

and that death occurred, on the date stated above, at 11 50 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Thos. E. Stacy, Jr., M. D.

, 19 (Address) 3825 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL 12/22/30.

20 UNDERTAKER George J. Roth Jr. — ADDRESS 1735 Harford

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63504

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 63504

CERTIFICATE OF DEATH

REGISTERED NO. 16-23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Mosher ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Armstrong

(a) RESIDENCE NO. 1202 Mosher ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	B	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-15-30

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

000

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Leroy Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Janette Chesley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Father

(Address) 1202 Mosher St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

By

231930

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-30

17 I HEREBY CERTIFY, That I attended deceased from 12-15, 1930, to 12-17, 1930, that I last saw him alive on 12-19, 1930 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows: Intracranial Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Harvey, M. D.

19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Maryland

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

1-30—M. & T.—100 B—50L

E 63505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63505

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Mc Culloh St. 1-2 WARD)

2-FULL NAME Alec Barnes

(a) RESIDENCE No 1120 Mc Culloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Cee

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of NB

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE Years 29 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O&O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Alford Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Nathan Barnes

(Address) 1816 Bunt

Filed 2 3 1930, 192 Clifton Lewis Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

(duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regality

(Signed) Chas. Smith, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster R. C.

DATE OF BURIAL 12-23 1930

20 UNDERTAKER Ernest Carter

ADDRESS 916 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 63506

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63506

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E Pratt ST. 2-4 WARD)

2. FULL NAME George J. Woelfel

(a) RESIDENCE No. 1806 E Pratt ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude B. Woelfel

6 DATE OF BIRTH (month, day, and year) Mar. 16 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Woelfel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Bruettigy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Mrs. George J. Woelfel 1806 E. Balto St.

15 Filed DEC 23 1930 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to Dec 22, 1930 that I last saw him alive on Dec 22, 1930 and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sphygmometer test

(Signed) E. M. Doherty M. D.

Dec 22 1930 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemtery

DATE OF BURIAL 12/26 1930

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 63507 HEALTH DEPARTMENT—CITY OF BALTIMORE 63507

129

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Normandy ave ST. 20 WARD)

2. FULL NAME Alice E. Kelly.

(a) RESIDENCE NO. 404 Normandy av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): April 6 1879

7. AGE: 50 Years 8 Months 15 Days; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Examiner on
(b) General nature of industry, business, or establishment in which employed (or employer): Children Clothes
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10. NAME OF FATHER: Joseph P. Kelly
11. BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore
12. MAIDEN NAME OF MOTHER: Eliz. Flemming
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14. Informant: Frank C. Kelly
(Address) 404 Normandy ave

C. HARRISON JONES, M. D.
Registrar

231930 19

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Dec 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to Dec 21, 1930, that I last saw her alive on Dec 20, 1930, and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Certus sclerosis (Hypotension)
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings
(Signed) C. L. Wrosie M. D.
19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 24 1930

20. UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto St

TION is very important. See instructions on back of certificates.

✓ 129 E 63508

STATE OF MARYLAND
CERTIFICATE OF DEATH

[1]PLACE OF DEATH E 63508

County

Registration Dist. No.

Village or City Baltimore (No. #1641 N. Patt. Pk. Ave St.: Ward) 8-16 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

[2]FULL NAME Fredricka Carolina Reidel.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: June (Month) 7 (Day), 1859 (Year)

7 AGE: 71 yrs. 6 mos. 15 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): 037

9 BIRTHPLACE (State or country): Denmark

PARENTS

10 NAME OF FATHER: Wm Schafe

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina ?

13 BIRTHPLACE OF MOTHER (State or Country): Denmark

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Reidel

(Address) 1641 N Patt Pk Ave

15 Filed 192 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 22, 1930 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 27 1930 to Dec 22 1930, that I last saw her alive on Dec 22 1930, and that death occurred on the date stated above, at 6 P. m.

The CAUSE OF DEATH * was as follows:

Chronic myocarditis
Chronic nephritis

(Duration) yrs. 5 mos. 25 ds.

Contributory Secondary: Cardiac decompensation

(Duration) yrs. mos. 1 ds.

(Signed) George Abner Bowden M. D.

12/22/1930 (Address) 1517 E Northdale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 40 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto Cem DATE OF BURIAL: Dec 24th, 1930.

20 UNDERTAKER: Leo G. Cook ADDRESS: 1723 Patt Pk Ave

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

3 1930

statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63509

90 E 63509

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Church Home & Infirmary St., 7-10 Ward)

2-FULL NAME Frances S. Kohnen

(a) RESIDENCE NO. 633 N. Lakewood St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Kohnen

6 DATE OF BIRTH (month, day, and year): June 7/1860

7 AGE: Years 70 | Months 6 | Days 13 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: Self

9 BIRTHPLACE (city or town) ..... (State or country): Germany

PARENTS

10 NAME OF FATHER: Louis Preuss

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta ------

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country): Germany

14 Informant: H. J. Kohnen, Jr.,
(Address): 2402 Arunah Ave

15 Filed ..... 19..... C. HARRISON JONES M. D. Registrar
M. O. H.

1 31930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20/30 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency
(Fell dead while visiting hospital

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. P. Preuss M. D.

Dec 22/30 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 12/24/1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

Dr Carman 1701 N Carolina St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63510

164 E 63510

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N 24th ST. 12-50 WARD)

2—FULL NAME Helen J Mongum

(a) RESIDENCE NO. 435 N 24th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo W Mongum

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: Years 87 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Arthur N Mongum

(Address) 435 N 24th St

15 Buried 12-24-1930

C. HUMPSON JONES, M. D.
A. P. H.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1930, to Dec 22, 1930, that I last saw her alive on Dec 20, 1930 and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(duration) aged yrs. mos. ds.

CONTRIBUTORY (Secondary) Infirmities

(duration) aged yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C J Carman, M. D.

12-22-1930 (Address) 1701 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Md

DATE OF BURIAL: 12/24 1930

20 UNDERTAKER: J M Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Ruark ✓ E.63511

E.63511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

24-23

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Clement St. WARD)

2. FULL NAME George A. Ruark.

(a) RESIDENCE No. 412 N. Clement St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Ruark.

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52,	1	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinsmith.

(b) General nature of industry, business, or establishment in which employed (or employer) 052

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward R. Ruark.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Helen M. Traver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant Mary E. Ruark.
(Address) 412 N. Clement St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930, to Dec 23, 1930
that I last saw him alive on Dec 22, 1930
and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Nephrotic Coma

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute nephritis
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Hawkins M. D.

12/25/30 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. — DATE OF BURIAL Dec 26, 1930

20 UNDERTAKER A. Howard Evans — ADDRESS 38 E. Lor

TION is very important. See instructions on back of certificates.

23 1930 C. HANSON JONES, M. D.
Date 19 Registrar

1-30—M. & T.—100 B—50L

E 63512

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-002 E 63512

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 17-23 (WARD)

2-FULL NAME George W. Sherwood.

(a) RESIDENCE No 503 W. Franklin St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of ~~WIFE OF~~ Caroline Sherwood.

6 DATE OF BIRTH (month, day, and year) September 17, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired engineer.
(b) General nature of industry, business, or establishment in which employed (or employer) 030
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William S. Sherwood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

MAIDEN NAME OF MOTHER Sophia Johns.

BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Harry G. Sherwood. (son)

Address) 5606 Fairoaks Ave.

C. HARRISON JONES, M. D.

1930 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull
Cerebral Compression
Street car Accident

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore & Charles Sts. December 20, 1930

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemhardt, M. D. Coroner

12/23/30 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 12/24 19 30

20 UNDERTAKER H. Plank

ADDRESS Lafayette

Property, Cemetery, Undertaker and Place of Burial. See instructions on back of certificate.

—1-30—M. & T.—250 Bks.

E 63513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63513

84

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Bayard & Severn St., 27-53 WARD)

2-FULL NAME Louis Henry Fehsenfeld

(a) RESIDENCE NO. 4608 Roland Ave. ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Estella D. Fehsenfeld

6 DATE OF BIRTH (month, day, and year) March-2-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vice President

(b) General nature of industry, business, or establishment in which employed (or employer) H. B. Davis Co.

(c) Name of employer (Paint Mfrs.)

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Louis Henry Fehsenfeld

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) Germany

MAIDEN NAME OF MOTHER Helene Peters

BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country) Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/30

17 I HEREBY CERTIFY, That I attended deceased from 12/22, 19 30, to —, 19 —, that I last saw him alive on 12/22, 19 30, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

No Inquest necessary
Chas. H. Pendergrass
Acting Coroner

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No Date of

Did an operation precede death? No.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical data

(Signed) Charles E. Fife M. D.

(Address) University Hospital 12/22 19 30

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Dec 24 19 30

20 UNDERTAKER Stewart & Company ADDRESS Balto.

G. HARRISON JONES, M. D., Registrar

Reg. 1928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63514

CERTIFICATE OF DEATH.

90 E 63514

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 E Chase Street ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Patrick Caufield

(a) RESIDENCE No. 2321 E. Chase Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 11-1-1872

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conduit Worker 086

(b) General nature of industry, business, or establishment in which employed (or employer): C.P Telephone Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Caulfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Mary Randall
(Address) 2321 E. Chase Street

15 Filed 19 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1930

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1928, to Dec 23, 1930, that I last saw him alive on Dec 22, 1930 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. Herzog M.D., M. D.

Dec 23, 1930 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 12-27 1930

20 UNDERTAKER: Albert L. Hitzeh

ADDRESS: 1606 N Chester St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ E 63515

CERTIFICATE OF DEATH

E 63515

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., ... WARD)

2-FULL NAME Piucas Kalinauckas.

(a) RESIDENCE No 1800 Morrell Park Ave. ST., ... WARD 25-72

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ---------- ds. How long in U. S., if of foreign birth? 24 yrs. ---------- ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or WIFE of) Frances Kalinauckas.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer) 050
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER Anthony Kalinauckas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Elizabeth Gustites.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania.

14 Informant Frances Kalinauckas. (wife)
(Address) 1800 Morrell Park Ave.

15 Filed DEC 24 1930 HARRISON JOINES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore & Frederick St December 22, 1930

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. H. Reinhardt, M. D. Coroner

12/23/30 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

UNDERTAKER John Grebliauckas

DATE OF BURIAL Dec. 26 1930

ADDRESS 423 S. Paca St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63516

E 63516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 95-21 WARD)

2-FULL NAME Annie Thomas

(a) RESIDENCE No. 618 Baker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE black

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE Years 41 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Wm Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm Craig
(Address) 1536 Madison Ave

15 [illegible] C. HARRISON JONES, M. D. Registrar

C 24 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-30

17 I HEREBY CERTIFY, That I attended deceased from 12-19, 1930, to 12-22, 1930, that I last saw her alive on 12-22-30, 19..., and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with cardiac dilatation

(duration) ....yrs. ....mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lawrence G. Brown, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/24 1930

20 UNDERTAKER Samuel Hensley

ADDRESS 78 Mt Belle

Spec.—1-30—M. & T.—250 Bks.

E 63517 243540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63517 49

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-11 WARD)

2-FULL NAME Melvin Lindsay

(a) RESIDENCE No. 3025 E Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Annie

6 DATE OF BIRTH (month, day, and year): Mar-30-1867

7 AGE: Years 63 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: John Lindsay
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Emmerce Wright
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records
(Address)

15 Date C 24 1930 C. HAMPSON JONES, M. D. Registrar
Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1930, to Dec 22, 1930, that I last saw him alive on Dec 22, 1930, and that death occurred, on the date stated above, at 10 45 p m.

The CAUSE OF DEATH* was as follows:
Uremia, resulting from a blockage of both ureteral orifices by lateral extension of a carcinoma of prostate
(duration) 2 yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Dec 5, 1928

Was there an autopsy? yes

What test confirmed diagnosis? Post mortem exam.

(Signed) Hugh J. Jewett, M. D.

12/22 1930 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louson Park Cem

DATE OF BURIAL: Dec 26, 1930

20 UNDERTAKER: John Ullrich

ADDRESS: 2008 Gilmore

Spec.—1-30—M. & T.—250 Bks.

E 63518

HEALTH DEPARTMENT—CITY OF BALTIMORE

179 E 63518

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital 25-72 ST. WARD)

2-FULL NAME Mrs. Mary Funch

(a) RESIDENCE No. Columbia Rd. Ellicott City ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John E. French

6 DATE OF BIRTH (month, day, and year) February 14, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76		4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home.

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Michael O'Neil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Conry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary G. Funch
(Address): Columbia Rd

15 Received 2 4 1930 C. HARRISON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-1930

17 I HEREBY CERTIFY, That I attended deceased from 12-17-, 1930, to 12-24, 1930, that I last saw he alive on 12-24, 1930, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:
Bacteriemia — Streptococcus hemolyticus
(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Gangrene - middle finger left foot following varicosity (duration) yrs. mos. 3 days

18 Where was disease contracted if not at place of death? 12-18-30 Incision.

Did an operation precede death? Yes — Date of 12-20-30 Amputation

Was there an autopsy? No —

What test confirmed diagnosis? Blood culture.

(Signed) Robert Slavin, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Dec. 27, 19 30

20 UNDERTAKER: Easton Long

ADDRESS: Ellicott City

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63519 49 E 63519

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hospt ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary LEE Paulton

(a) RESIDENCE NO. 2412 W. Lafayette ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov. 27, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert A Paulton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary A Eidenhower

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D. C.

14 Informant: Hospital records
(Address)

15 Filed 2-4-1930 C. HUNSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/22/30

17 I HEREBY CERTIFY, That I attended deceased from 10-30, 1930, to 12-22, 1930, that I last saw h alive on 12-22-1930 and that death occurred, on the date stated above, at 6:50 p m.

The CAUSE OF DEATH* was as follows: Carcinoma Pancreas (Head)

c obstructive jaundice (duration) yrs. 3? mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 12/11/30

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings

(Signed) Robert E. Clemente, M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec. 24, 1930

20 UNDERTAKER: Wm J Gickner Sons — ADDRESS: Balt Md

Spec.—1-30—M. & T.—250 Bks.

E 63520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63520

185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2938 Huntingdon Ave. St. 12-51 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Naylor

(a) RESIDENCE No. 2938 Huntingdon Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John T. Naylor

6 DATE OF BIRTH (month, day, and year) Aug. 20-1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Joshua H. Cattcord
(Address) Richmond St.

Filed 24 1930 19 C. HERBERT JONES, M. D. By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22-1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 22, 1930, that I last saw her alive on Dec 22, 1930, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Accidental fall down steps (O/N. Corner of Pennsylvania)
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

12/23 1930 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	Dec. 25 1930.

UNDERTAKER	ADDRESS
Horace H. Burgee	363 Falls Road

Spec.—1-30—M. & T.—250 Bks.

E 63521

E 63521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 13552 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO. 3446 Hickory Ave ST., 13 WARD)

2-FULL NAME William Lloyd Garber

(a) RESIDENCE NO. 3446 Hickory Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Agnes Garber

6 DATE OF BIRTH (month, day, and year) Oct. 26-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Church Sexton

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hannah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Agnes Garber

(Address) 3446 Hickory Ave.

15 Received DEC 24 1930 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23-1930

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to Dec 23, 1930, that I last saw him alive on Dec. 23, 1930, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & arterio sclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Odema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/24/1930 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury, Pa.

DATE OF BURIAL Dec. 26 1930

20 UNDERTAKER Horace F. Burger

ADDRESS 3631 Falls Road

Spec.—1-30—M. & T.—250 Bks.

E 63522 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 E 63522

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 18-24 WARD)

2-FULL NAME Albert Dolan

(a) RESIDENCE No. 936 W. Lombard St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21st 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	2.	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Welder

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary Dolan
(Address) 936 W. Lombard St.

24 1930 ..... 19 THEODOR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/1930

17 I HEREBY CERTIFY, That I attended deceased from 11/5, 1930, to 12-23, 1930, that I last saw him alive on 12-23, 1930, and that death occurred, on the date stated above, at 6 35 P m.

The CAUSE OF DEATH* was as follows:
Sarcoma of Testicle (Lungs)

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hemorrhage & toxemia from Bronchopneumonia
Metastasis (duration) 1/2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ?

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of tumor

(Signed) J. R. Schwartzman, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	12/26/1930
20 UNDERTAKER	ADDRESS
John Howard & Son.	901 Hollins St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63523 74-001 E 63523

1—PLACE OF DEATH

REGISTERED NO. 25-32

CITY OF BALTIMORE: (No. 2423 Ridgeley ST. Northwestern WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Homer Jackson

(a) RESIDENCE NO. 2423 Ridgeley ST. Northwestern WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Jackson

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) C&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Andrew Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Thompkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ernest Jackson

(Address) 121 Pa. Ave. N.W. Wash. D.C.

15 Filed DEC 24 1930 CLAUDE H. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/30

17 I HEREBY CERTIFY, That I attended deceased from 12/20/ 1930, to 12/22/ 1930, that I last saw him alive on 12/22/ 1930 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. R. Hurst, M. D.

12/23/ 1930 (Address) 902 Eilmont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 12/24/ 1930

20 UNDERTAKER Geo. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

243737 HEALTH DEPARTMENT—CITY OF BALTIMORE 001E 63524

100

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 64 WARD)

2-FULL NAME Alice Gilley

(a) RESIDENCE No. 228 N Chapel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of Clarence Gilley

6 DATE OF BIRTH (month, day, and year) Sept 26-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	-	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Hatton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 2 - 1930 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-23-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to Dec. 23, 1930, that I last saw her alive on Dec 23, 1930, and that death occurred, on the date stated above, at 3 52 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary): Myocardial Failure

Hypertension (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ✓

Was there an autopsy? yes

What test confirmed diagnosis? X-ray

(Signed) Caroline C. Bedell, M. D.

12/23 1930 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 12/26/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

E 63525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63525

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2105 Callow Avenue St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Stonebraker

13-59

(a) RESIDENCE NO. 2105 Callow Avenue St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 21, 1888

7 AGE: Years 42 Months 7 Days 2 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Civil Service

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: U.S.Government, Washington, D.C.

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles H.Stonebraker

11 BIRTHPLACE OF FATHER (city or town): Washington County

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Martha J. Valentine

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Mr. R. M. Arnold

(Address): 3610 Springdale Ave.

Filed _____ Registrar

DEC 24 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 23, 1930 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Tabular Neuroses of years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) _____ M. D. (Coroner)

12/23, 1930 (Address) 3632 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

Date of Burial Dec 26 1930

20 UNDERTAKER: _____

ADDRESS 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63526

CERTIFICATE OF DEATH.

90 E 63526

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2011 Greenmount Ave WARD)

2. FULL NAME Thomas J. Pendergast

(a) RESIDENCE No. 2011 Greenmount Ave ST. WARD 9-19
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 9-14-1863

7 AGE: Years 67 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Police
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

061

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Richard Pendergast
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Ann Murphy
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Sarah Pendergast
(Address): 2011 Greenmount Ave

15 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22/1930.

17 I HEREBY CERTIFY, That I attended deceased from September, 1928, to December 22, 1930 that I last saw him alive on December 22, 1930 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 113 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 26 1930

20 UNDERTAKER: Mary W. Wiedefeld — ADDRESS: 501 E. 23rd

C 241930

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63527

90 E 63527

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 W Mt Vernon Place ST.) WARD) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Beatrice Elizabeth Stewart

(a) RESIDENCE NO. 12 W Mt Vernon Place ST., WARD 11

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter W Stewart

6 DATE OF BIRTH (month, day, and year) May 4 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co Va

PARENTS

10 NAME OF FATHER Augustus Fitzhugh Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Cecelia Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Walter W Stewart

(Address) 12 W Mt Vernon Place

15 HAMILTON JONES, M. D. Registrar

C 24 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1930

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Dec 23rd, 1930

that I last saw her alive on Dec, 1930

and that death occurred, on the date stated above, at 2 00 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure and Acute tonsillar abscess.

(duration) yrs. mos. overall ds.

CONTRIBUTORY (Secondary) Chronic myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chronic myocarditis

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Louis Street, M. D.

, 19 (Address) 1127 Cathedral Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cemetery

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Kathan & Roe

ADDRESS 1723 W Lafayette Ave

Spec.—1-30—M. & T.—250 Bks.

243758
E 63528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63528

X 84

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., WARD) 7-9

2-FULL NAME Olga Doris Fine

(a) RESIDENCE NO. 203 So. Jefferson ave., ST., San Angelo, Texas. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed,~~ or ~~Divorced,~~ (write the word)
Female	White	Child

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1, 1926

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
4	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Leon Fine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dorothy Schleisinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 24 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 24 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to Dec 24, 1930, that I last saw he alive on Dec 24, 1930, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) ....yrs. 1 mos ....ds.

CONTRIBUTORY (Secondary) ....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Texas

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray

(Signed) Chas Bruns, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort North Tex

DATE OF BURIAL 12/24/30

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 B way

Spec.—1-30—M. & T.—250 Bks

E 63529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63529

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Frank Endley

(a) RESIDENCE NO. 1415 Eastern Ave. ST., 3-4 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 7, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Endley

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Francis Merkles

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed 2 4 1930, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-30

17 I HEREBY CERTIFY, That I attended deceased from 12-19-30, 19.., to 12-23-30, 19.., that I last saw him alive on 12-23-30, 19.., and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH* was as follows:
Heart disease, arteriosclerotic
Myocardial insufficiency
Congestion
(duration) ~~[illegible]~~

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy findings

(Signed) Fred M. Duckworth, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Co — DATE OF BURIAL 12-24 1930

20 UNDERTAKER Bernard C Harder — ADDRESS 1000 S Paca St

1-30—M. & T.—100 B—50L

E 63530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63530

CERTIFICATE OF DEATH

REGISTERED NO. 112

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. Broadway ST., WARD) 3-4

2-FULL NAME Lewis Silbert

(a) RESIDENCE No 226 S. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Silbert

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Presser
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Kreel Silbert

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Malvie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: L. Levin

(Address): 1439 E. Pratt St

15 Filed ..., 192 ..., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

a) Gastritis Ulcers of Duel (duration) yrs. mos. 4 hrs

CONTRIBUTORY (Secondary) a) Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History.

(Signed) G. C. Slades, M. D. Coroner

, 19 (Address) 143 W. Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinai Hebrew Cem

DATE OF BURIAL: 12-27 1930

20 UNDERTAKER: Jacob Levin

ADDRESS: 1439 E. Pratt St

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63531

CERTIFICATE OF DEATH.

38 E 63531

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 S. Spring ST. ....WARD)

2. FULL NAME Mollie Purely

(a) RESIDENCE No. 246 S. Spring ST. 3-4 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Purely

6 DATE OF BIRTH (month, day, and year) 9-1-1878

7 AGE: Years 52 | Months 3 | Days 23 | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Ida Toyer
(Address) 230 S. Spring St

15 ....

19 HANSON JONES, M. D. Registrar

241930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30.

17 I HEREBY CERTIFY. That I attended deceased from Dec 15, 1930, to Dec 24, 1930 that I last saw h. alive on Dec 23, 1930 and that death occurred, on the date stated above, at 5.30 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) 10 mos. 9 ds.

CONTRIBUTORY (Secondary) Probably Leukemia

Malignite (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard D. Coughlin M. D.

19 (Address) 1514 S. Balt St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL 12/26/30. 19

20 UNDERTAKER George J. Pfeifer Inc

ADDRESS 1755 Hoffman St

FROM is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 63532

101-001

E 63532

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Sommerset St. ..... WARD) 10-14

2 FULL NAME Joseph M Barnes

(a) RESIDENCE NO. 921 Sommerset St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie E Barnes

6 DATE OF BIRTH (month, day, and year) Sept 23-1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	3	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph H. Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Minnie Schaller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Fannie E. Barnes
(Address) 921 Sommerset St

15 ..... Registrar

C 24 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 21, 1930, that I last saw him alive on Dec 21, 1930, and that death occurred, on the date stated above, at 7 52 a.m.

The CAUSE OF DEATH* was as follows:

acute lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. G. Woolmatten M. D.

142 1930 (Address) 33 Arguelle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Park Cem	Dec 26 30
UNDERTAKER	ADDRESS
Jno C. Miller & Son	2334 Jefferson St

THIS is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63533

31

E 63533

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2879 Chesterfield Ave ST., _____ WARD)

2—FULL NAME MARTIN J. BARANOWSKI,

(a) RESIDENCE NO. 2879 Chesterfield Ave ST., 8.45 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A. Baranowski,

6 DATE OF BIRTH (month, day, and year) Nov. 14-1905.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	25	1	8	

8 OCCUPATION OF DECEASED Cake bakers

(a) Trade, profession or particular kind of work Salesman,

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer Kunkel & Haverstick,

9 BIRTHPLACE (city or town) Philadelphia,
(State or country) PA.

PARENTS

10 NAME OF FATHER Martin Baranowski,

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Poland,

12 MAIDEN NAME OF MOTHER Anna Mazecki,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) MD.

14 Informant Frances A. Baranowski, Wife
(Address) 2879 Chesterfield Ave

15 Filed _____ 19 _____ _____ Registrar

24 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/30

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1930, to Dec 22, 1930 that I last saw him alive on 12/20, 1930 and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

_____ (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Pleasant Stroh M. D.

19 (Address) 316 Splitt Pka

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
F. Staniland.	Dec. 26. 1930,
20 UNDERTAKER	ADDRESS
M. F. Sadowski,	2215 Pelham

1-30—M. & T.—100 B—50L

E 63534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63534

CERTIFICATE OF DEATH

185

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Lorman ST. ..... WARD)

2-FULL NAME Frederick Marshall

(a) RESIDENCE No. 1824 Lorman ST., 15.21 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no

6 DATE OF BIRTH (month, day, and year) 12-23-1880

7 AGE Years 7 Months 2 Days 11 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Parents

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Frank Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Martha Figg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martha Marshall

(Address) 1824 Lorman

15 Filed ..... 192 ..... CHARSON JONES, M. D. Registrar

24 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident. Fell down stairs

Concussion of Brain (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) None (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1824 Lorman

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Smith, M. D. Coroner

Dec 23 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 12-24 1930

20 UNDERTAKER Dent & Carter

ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-004

E 63535

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Dillion ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michal Mosturkowski (Mike Muskurkowski)

(a) RESIDENCE NO. 2905 Dillion ST., ... WARD 1-1
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleonora Mosturkowski

6 DATE OF BIRTH (month, day, and year) Sept. 29 / 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer J. S. Young Co.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Eleonora Mosturkowski
(Address) 2905 Dillion

15 Filed ..... 19 ..... Registrar

DEC 24 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1930, to Dec. 22nd, 1930, that I last saw him alive on Dec 22nd, 1930 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Diffuse Bronchitis, Chronic Emphysema one mth unknown

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) G. F. Reis, M. D.

Dec. 24. 1930 (Address) 24 S Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem.

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Stephen J. Fellsowski

ADDRESS 1000 S. Kenwood Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 63536

CERTIFICATE OF DEATH.

E 63536

1-PLACE OF DEATH Johns Hopkins Hospital.

REGISTERED NO.

City of BALTIMORE: (No. 4214½ Shwartz St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Stratton 27-48

(a) RESIDENCE NO. 4214½ Shwartz St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 Color or Race C. 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Stratton

6 DATE OF BIRTH (month, day, and year) Feb. 20. 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Samuel Pines

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Edna Russel

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Samuel Stratton

(Address) 4214½ Shwartz St.

G. THOMPSON, M.D.

Filed ..... 19 ..... Registrar

241930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 193 Dec 20/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia- Cirrhosis Liver

(Autopsy) over

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. McCann M. D.

(Coroner)

Dec 24/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Insututions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Dec 24 1930

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1705 Garland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185 E 63537

E 63537

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., ... Ward) 8-13

2-FULL NAME Donald Giles

(a) RESIDENCE NO. 1115 N. Bond St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31/29

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
1	11 10	21 20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frederick Crump

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Giles

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Helen Giles
(Address) 1115 N. Bond St.

Date Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Fractured Skull
Fell from chair to floor at home
Accidental

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

Dec 24/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary cemetery	Dec 24, 30

20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Eastland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 241930 C. HARRISON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 63538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63538

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 W Fayette ST., ... WARD) 18-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John O. Hamilton

(a) RESIDENCE NO. 817 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Caroline Hamilton

6 DATE OF BIRTH (month, day, and year) June 6. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) James Bailey & Son

(c) Name of employer Wholesale Drug Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John R. Hamilton
(Address) 1542 Light St.

15 241930 Geo. HILLERSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23. 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Dec 23, 1930, that I last saw him alive on Dec 23, 1930, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

Dec 24, 1930 (Address) 2687 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Dec 26, 1930.

20 UNDERTAKER Mr & Mrs. John W. Teufel & Son

ADDRESS 801 W Fayette St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63539

90 E 63539

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 29 North Curley St. ST., 6 WARD)

2—FULL NAME Mary Weber

(a) RESIDENCE NO. 252 South Robinson ST., 6 WARD 2-2
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: George Weber.

6 DATE OF BIRTH (month, day, and year): May 11 1858

7 AGE: Years 72 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ho use Wife.

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.Md.

PARENTS

10 NAME OF FATHER: William Hotz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Barbara Chera.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Clementine Weber.
(Address) 29 N.Curley St.

15 Filed 24 1930, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec, 23, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Oct., 24, 1930 to Dec, 23, 1930, that I last saw her alive on Dec., 23, 1930, and that death occurred, on the date stated above, at 10.50 Am.

The CAUSE OF DEATH* was as follows:

Myocarditis - Arterio - Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis.

(duration) - yrs - mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Philibert Artigiani M. D.

19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathederal Cem.

DATE OF BURIAL: Dec. 27 /30 19

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 405 S. Wolfe St.

Spec.—1-30—M. & T.—250 Bks.

E 63540 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63540

92

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST., ... WARD)

2-FULL NAME Morris Lesnar 27-56

(a) RESIDENCE NO. 3609 Spalding Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rose Lesnar

6 DATE OF BIRTH (month, day, and year) 10-17-1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 88

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Lesnar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lesnar
(Address) 1439 E Baltimore St

15 Filed 4 1930, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30

17 I HEREBY CERTIFY, That I attended deceased from 12-16, 19 30, to 12-24, 19 30, that I last saw him alive on 12-24, 19 30, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Meyer M. Bayless, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Wash Road

DATE OF BURIAL 12-25 19 30

20 UNDERTAKER Jacob Levine, 1439

ADDRESS E Baltimore St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63541 X 118-002 E 63541

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., ... WARD) 4-30

2-FULL NAME Elsie Clarkson.

(a) RESIDENCE No. 3120 Woodley Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of W. B. Clarkson

6 DATE OF BIRTH (month, day, and year) Dec 26 1882.

7 AGE Years	Months	Days 28	If LESS than 1 day, ...hrs. or ....min.
47	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hancock, Md

PARENTS

10 NAME OF FATHER Theodore W. Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Winchester Va.

12 MAIDEN NAME OF MOTHER Kate Lomax

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Hospital Records.
(Address)

DEC 24 1930 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30

17 I HEREBY CERTIFY, That I attended deceased from 12-22, 1930, to 12-24, 1930, that I last saw her alive on 12-24, 1930, and that death occurred, on the date stated above, at 10 00 p m.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction, acute

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure
(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? Sheppard-Pratt Hosp

Did an operation precede death? yes Date of 12-24-30

Was there an autopsy? no

What test confirmed diagnosis? Clinical & gross.

(Signed) Henry F. Helmick, M. D.

12/24, 1930 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Creek Cemetery

DATE OF BURIAL 12/26 1930

20 UNDERTAKER Joseph Gantz & Son

ADDRESS Wash. D.C.

Spec.—1-30—M. & T.—250 Bks.

E 63542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 63542

REGISTERED NO. .....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (NO. Chesline & Owen ST., ... WARD) 26-41

2-FULL NAME Winnie Nunnally

(a) RESIDENCE NO. 4804 Cremaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 17, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sewing Machine

(b) General nature of industry, business, or establishment in which employed (or employer) Operator 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Caiaphas D. Nunnally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Anna H. Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Anna H Nunnally
(Address) 4804 Cremaster St

15 Filed DEC 29 1930 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30

17 I HEREBY CERTIFY, That I attended deceased from 12-4-30, 19..., to 12-24-30, 19...,

that I last saw h alive on 12-24-30, 19...,

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(duration) ....yrs. ....mos 25 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-15-30

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W B Hunter, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL DEC 27, 1930

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-12-23—M&T—500 Blks.

Lemoyne

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63543

100-001 E 63543

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S Collins Ave ST., ... WARD)

2-FULL NAME Bernard Lemoyne 20-71

(a) RESIDENCE NO. 32 S Collins Av ST., do WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27 1900

7 AGE Years ..... Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Fred Le Moyne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Fred Le Moyne
(Address) 32 S Collins Ave

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

25 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-20-30, 19—, to Dec 24, 1930, that I last saw him alive on Dec 23, 1930, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis pneumonia

(duration) — yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) M. A. Buell, M. D.

Dec, 1930 (Address) Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL 12/26 1930

20 UNDERTAKER Forgette Farley — ADDRESS Fulton & Fayette

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63544

74-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Greenway ST., ... WARD) 12-4

2-FULL NAME Catherine J. Imichel

(a) RESIDENCE No. 3902 Greenway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Imichel

6 DATE OF BIRTH (month, day, and year) March 29 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Heyggard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Roemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Clara Haas
(Address) 3902 Greenway

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 - 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec. 24, 1930, that I last saw her alive on Dec 24, 1930, and that death occurred, on the date stated above, at 1:15 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.
Hypertension.
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage
(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) George Abner Bowden, M. D.

12/24 1930 (Address) 1517 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem — DATE OF BURIAL Dec 27 1930

20 UNDERTAKER Josiah Syfer — ADDRESS 600 N Pond

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63545

52 E 63545

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Chatham Road St. WARD)

2.-FULL NAME Rebecca Elizabeth Cunningham

(a) RESIDENCE No. 3818 Chatham Road St., WARD 15-63

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Cunningham

6 DATE OF BIRTH (month, day, and year) July 21 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Saul Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Steward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Zinzer

(Address) 3818 Chatham Road

15 Filed DEC 26 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/30

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to Dec 23, 1930, that I last saw her alive on Dec 22, 1930, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatoid Arthritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical ex

(Signed) T. M. Lumpkin, M. D.

19 (Address) 3402 Callaway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hazelden St. Mary's Cemetery

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Joseph Syfer

ADDRESS 1600 W. North Ave

DEC 25 1930

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 188-203

E 63546

E 63546

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Md Gen Hosp

City of Baltimore: (No. ..... St., ... Ward)

2-FULL NAME Manuel Egbert Gill

(a) RESIDENCE NO. Reisterstown Md St. 11-24 Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	20	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sawfer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Balto Co

PARENTS

10 NAME OF FATHER Harry K Gill

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Ella Royston

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto Co

14 Informant Mrs Harry K Gill
(Address) Reisterstown, Md

Filed DEC 26 1930 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above. The CAUSE OF DEATH was as follows: [illegible] to an which he was riding skidded & overturned

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Fourlakes

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/28 1930 (Address) 3930 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
David Ridge Cem.	Dec. 29 1930
20 UNDERTAKER	ADDRESS
Wm. C. Brooks & Son	Sparks

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63547

90

E 63547

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Baltimore Gen Hosp. ST., ... WARD) 15-21

2-FULL NAME Rebecca Flax.

(a) RESIDENCE NO 1711 Pulaski ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob Flax

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Finkelstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Russio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Finkelstein

(Address) 1911 Pulaski

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pelvic Myoramatis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leigh, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va.

DATE OF BURIAL Dec 6 1930

20 UNDERTAKER Sol Levinson + Bro

ADDRESS 1127 E. Baltimore St

TION is very important See instructions on back of certificate.

2 2 1930 C. Thomas Robertson Registrar

Cor.—10-10-29—A Co.—100 Bks.

E. 63548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 63548

CERTIFICATE OF DEATH

167-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at Franklin Sq Hospital

City of Baltimore: (No. 1809 Riggs Av St., ... Ward)

2-FULL NAME Norman J. Truitt

(a) RESIDENCE NO. 1809 Riggs Av St., 16-22 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elvie R. Truitt

6 DATE OF BIRTH (month, day, and year): 10/28/05

7 AGE: Years 25 | Months 1 | Days 27 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: B & O R. R. Co
(b) General nature of industry, business, or establishment in which employed (or employer): 073
(c) Name of employer:

9 BIRTHPLACE (city or town): Md
(State or country): Louisville Truitt

PARENTS

10 NAME OF FATHER: Louis Truitt

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country): Emma C. Johnston

12 MAIDEN NAME OF MOTHER: Emma C. Johnston

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country):

14 Informant: Elvie R. Truitt
(Address): 1417 McHenry St

15 Filed: 26 1930 C. HAWSON JONES, M. D. Registrar
RPP

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by illuminating gas

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Brooks M. D.

Dec 26 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Md Sanitary

DATE OF BURIAL: Dec 27th 1930

20 UNDERTAKER: Wm Howard Welsh

ADDRESS: Pikesville Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Pks.

E 63549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63549

REGISTERED NO.

1—PLACE OF DEATH 812 St. Paul St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2—FULL NAME Ella Manning (MANNION)

(a) RESIDENCE NO. 812 St. Paul St. ST., 11-15 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if foreign birth? 18 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 25, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Lady

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

067

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER William Mannion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. Conne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dr. J. Edw. Morris

(Address) 107 E. West St.

15 Filed DEC 26 1930 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/30

17 I HEREBY CERTIFY, That I attended deceased from August, 1928, to December 24, 1930, that I last saw her alive on December 24, 1930 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease
a) Central Stenosis
b) Auricular Fibrillation

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) David Tewes, M. D.

12/24/30 1930 (Address) 321 S. Cornwall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/26 1930

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

Cor.—10-10-29—A Co.—100 Bks.

E 63550

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63550

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 625 St. John's Road St., Ward)

2-FULL NAME Clara L. Stevens

12-50

(a) RESIDENCE NO. 3209 Guilford Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) ---------

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
About 75	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) East New Market
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Stevens

11 BIRTHPLACE OF FATHER (city or town) ----
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Hicks

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Maryland

14 Informant Miss Edith H. Fleming
(Address) Washington, D. C.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occ D
Cardiac Decompensation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/23 1930 (Address) 3202 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
East New Market Cemetery	12/27 1930

20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	405 N. Calvert

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 1929 S. HARRY JOURS, M. D.

In Tolchester Steamship Co. Escort - Mr. O. H. Fleming

Spec.—1-30—M. & T.—250 Bks

E 63551 HEALTH DEPARTMENT—CITY OF BALTIMORE 44 E 63551

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5243 St Charles St., ... WARD)

2-FULL NAME William Henry Rector

(a) RESIDENCE No. 5243 St Charles St., 27-55 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice C Rector

6 DATE OF BIRTH (month, day, and year) Jany 29 1866

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) 078

(c) Name of employer United R.R. Co

9 BIRTHPLACE (city or town) (State or country) Belto Co Md

PARENTS

10 NAME OF FATHER Charles L Rector

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belto Co Md

12 MAIDEN NAME OF MOTHER Mary Bradford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mollie J. Brown
(Address) 5243 St Charles

15 Filed 2 6 1930, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 - 30

17 I HEREBY CERTIFY, That I attended deceased from October 15, 1930, to Dec. 23, 1930, that I last saw h. alive on Dec. 23, 1930, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. G. Moor, M. D.

Dec 26 1930 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Geo Lecklider Son

ADDRESS Norman

Spec.—1-12-23—M&T—500 Blks.

E 63552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 63552

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Druid Hill Ave ST., 14 WARD)

14-20

2-FULL NAME Martha Bishop

(a) RESIDENCE No. 202 Druid Hill Ave ST. 14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of late Edward E. Bishop

6 DATE OF BIRTH (month, day, and year) May 28 1841

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 637

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Madison Dorches Co. Md

PARENTS

10 NAME OF FATHER Murray Keare

11 BIRTHPLACE OF FATHER (city or town) Madison (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Betsie

13 BIRTHPLACE OF MOTHER (city or town) Madison (State or country) Dorchester Co. Md

14 Informant Helen Bishop (Address) 1021 Druid Hill

15 Filed DEC 26 1930 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1930, to 12/23, 1930, that I last saw her alive on 12/23, 1930, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows: Acute Dilatation, Pulmonary Edema; Acidosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical History

(Signed) W. M. Bishop, M. D.

, 19 (Address) 709 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Dec 26, 1930

20 UNDERTAKER John W. Joseph

ADDRESS 1027 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002

E 63553

REGISTERED NO. E 63553

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 N. Collington Ave WARD)

2—FULL NAME Winifred Dunn

(a) RESIDENCE NO. 1514 N. Collington Ave WARD 8-16
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 12, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER Edward Dunn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Brion
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary E. Dunn
(Address) 1514 N. Collington Ave

15 Filed Dec 26 1930 H. LINDSAY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23, 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1930, to Dec 23, 1930, that I last saw her alive on Dec 22, 1930 and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Mary F Voegelin, M. D.

2-24-193 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec. 26 1930

20 UNDERTAKER William G. Schaeffer — ADDRESS 1806 Monument

Spec.—1-30—M. & T.—250 Bks.

E 63554

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 63554

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., ... WARD)

2-FULL NAME Sally Dale

(a) RESIDENCE NO. 19 S. Kresson ST., 2637 WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25 1930

7 AGE: Years ..... Months 9 8 Days 28 11 LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Millard Dale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mlard Bird

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Millard Dale
(Address) 19 S. Kresson

15 261930 ..... 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930, to Dec 23, 1930, that I last saw her alive on Dec 23, 1930, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia - Right lung

(duration) ..... yrs. ..... mos 11 da.

CONTRIBUTORY (Secondary) Otitis Media (duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Dec. 26 1930

20 UNDERTAKER William G. Schaffer 1816 E. Monument

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-007

E 63555

E 63555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City of Baltimore: (No. Neu Hosp St., Ward)

2-FULL NAME Geo Martin Hammerlacher

(a) RESIDENCE NO. 2317 Edmondson St., 20-69 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ely Hammerlacher

6 DATE OF BIRTH (month, day, and year) Jan 16-1856

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	74	"	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Piano Maker
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ga

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Don't Know

14 Informant Geo. M. Hammerlacher
(Address) 1491 N. Bentalou

Filed 19 Registrar

C 26 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving motor cycle

Fract R. Tibia & Fibula (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) comm Central Em hobes (duration) yrs. mos. da.

18 Where was disease contracted Sharp & Lombard
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gross & clinical

(Signed) L D Frame, M. D.

12/26 1930 (Address) 2939 W S Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 27 1930
20 UNDERTAKER	ADDRESS
Mr & Mrs. John H. Tuckel & Son	601 W. Lafayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63556

CERTIFICATE OF DEATH

REGISTERED NO. 74-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Winchester ST., ... WARD) 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine F. Kennard

(a) RESIDENCE NO. 7 Belmont Av Woodlawn WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Eugene C Kennard

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			
	Unknown	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 437

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catt F Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

14 Informant Eugene C Kennard
(Address) 2903 Winchester St

15 Filed ..... 19 C. HUMSON JONES, M. D. Registrar

DEC 26 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Dec 23, 1930, that I last saw her alive on Dec 23, 1930 and that death occurred, on the date stated above, at 110 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) — none

none (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Henry G. Ohle, M. D.

, 19 (Address) 1203 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathdral

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER H G Brauning — sec

ADDRESS 1136 Poplar Grove

1-30—M. & T.—100 B—50L

E 63557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E 63557

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Ellwy ST., ... WARD)

2-FULL NAME Bunnie Parks

(a) RESIDENCE NO 2003 Ellwy ST., 14-20 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER David Parks

11 BIRTHPLACE OF FATHER (city or town) L. E.
(State or country)

12 MAIDEN NAME OF MOTHER Arrow Golden

13 BIRTHPLACE OF MOTHER (city or town) L. E.
(State or country)

14 Informant Arrow Parks
(Address) 2003 Ellwy

15 Filed ..... (192 ..... HAROLD JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

? Enteritis

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leo Hirsch, M. D. Coroner

Dec 26 1930 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	12/26 1930

20 UNDERTAKER	ADDRESS
Thomas. E. Nelson	303 Gorsstman

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63558

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST., ... WARD) 26-37

2-FULL NAME William Walker

(a) RESIDENCE NO. none ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Morgan

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 54 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Lee Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Marie Cristian

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of

(Address): Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

JAN 26 1930 THE JOHNS, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-20-30

17 I HEREBY CERTIFY, That I attended deceased from 2-14-28, 19..., to 12-20-30, 19..., that I last saw him alive on 12-20-30, 19..., and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic

(duration) 3 yrs. mos da.

CONTRIBUTORY (Secondary) Arteriosclerosis + unknown. Hypertension (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgel. M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Point, Va.

DATE OF BURIAL: 12-26, 19 30

20 UNDERTAKER: David Eustis

ADDRESS: Balto.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

REGISTERED NO. E 63559

E 63559

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joesphs Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Miller

8-16

(a) RESIDENCE No 2220 E. Hoffman St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Miller

6 DATE OF BIRTH (month, day, and year) May 17/1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bookbinder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

064

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Gottfried Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizetta------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary M. Miller

(Address) 2220 E. Hoffman St

15 Filed Dec 24 1930 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23/30 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Diabetes (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] Coroner, M. D.

Dec 24/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Com.

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

E 63560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001 E 63560

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1125 Valley ST., WARD) 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carlie E. W. Kraft

(a) RESIDENCE NO. 1125 Valley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George A Kraft

6 DATE OF BIRTH (month, day, and year) Nov 22nd 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas J Tull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Somerset Co Md

12 MAIDEN NAME OF MOTHER: Carolina Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Vermont

14 Informant: George A Kraft
(Address): 1125 Valley st

15 Filed: C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug 26 1929 to Dec 24 1930 that I last saw her alive on Dec 24 1930 and that death occurred, on the date stated above, at 4.10 PM.

The CAUSE OF DEATH* was as follows: (Apoplexy) Cerebral Hemorrhage left side - Paralysis with last hemiplegia

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 108 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Dec 27th 1930

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument St

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63561

49 E 63561

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 Ridgewood Road St. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hollister Campbell 27-53

(a) RESIDENCE NO. 214 Ridgewood Road St. 27th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T Lyman

6 DATE OF BIRTH (month, day, and year) Sept 15th 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	74	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst to Pres.

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Meridan

(State or country) Ill

PARENTS

10 NAME OF FATHER Rev. Alex. Bennett Campbell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Anna Maria Hollister

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Mrs L. T. Lyman

(Address) 214 Ridgewood Rd.

15 Filed DEC 26 1930 C. BLANTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 25 - 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Dec - 25, 1930, that I last saw him alive on Dec - 25 - 1930, and that death occurred, on the date stated above, at 2-30 P. m.

The CAUSE OF DEATH* was as follows: Epithelioma of the Bladder

(duration) 2 yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Cystoscopy of Bladder

(Signed) W. Gibson Porter, M. D.

12/25 . 1930 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial DEC 27 1930

20 UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Gwilym & Orchard Sts

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63562

63562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts ST., ... WARD)

2-FULL NAME George X Roth M

(a) RESIDENCE NO. 1605 E. Eager St ST., 7-13 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? Sp yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of ~~or) WIFE~~ of Ida Otto
Sra M. Roth

6 DATE OF BIRTH (month, day, and year) Jan. 12 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Police Officer 06
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER Vincent L. Roth
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Not Kn
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Kn

14 Informant Mr. George J. Roth.
(Address) 1615 E Eager St

15 Filed DEC. 29 1930 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 19 30, to Dec 25, 19 30,
that I last saw h. alive on Dec 25, 19 30,
and that death occurred, on the date stated above, at 12 25 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia
(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H B Lindy M. D.
, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 27 19 30
20 UNDERTAKER	**ADDRESS**
Henry Koeppelmann Sons	301 E Eager St

Spec.—8-16-29—L. F. S.—100 Bks.

E 63563

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63563

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Harlem Ave ST., ... WARD)

2—FULL NAME Benjamin D. Mintz

(a) RESIDENCE NO. 2309 Harlem Ave ST., 16-69 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred age his life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Horsberg Mintz

6 DATE OF BIRTH (month, day, and year) March 1, 1851

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Antique Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer) antique jeweler

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Adeline Desobery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mrs Benj Mintz
(Address) 2309 Harlem Ave

15 Filed DEC 26 1930 JUNIOR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24-1930

17 I HEREBY CERTIFY That I attended deceased from May, 1929, to Dec 24, 1930, that I last saw him alive on Dec 24, 1930 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) yrs. 19 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys exam + urine

(Signed) Geo W Gear M. D.

Dec 25, 1930 (Address) 705 Madison Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL Dec 26 1930

20 UNDERTAKER W M Coulson

ADDRESS 2238 N Mch

Spec.—3-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63564

CERTIFICATE OF DEATH.

57

E 63564

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1808 Jackson ST., WARD) 24-34

2-FULL NAME William T. Knight

(a) RESIDENCE NO. 1808 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~the) WIFE of~~ Carrie Knight

6 DATE OF BIRTH (month, day, and year) Sept 30 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
62	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Western Md. R.R.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Helen Hogg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Carrie Knight

(Address) 1808 Jackson.

15 Filed 2 1930 . 19 HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 . 1929 . to Dec 24 . 1930 . that I last saw him alive on Dec 24 . 1930 . and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. R. Langrall M. D.

Dec 26 . 1930 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 12/27 1930

20 UNDERTAKER W. M. Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63565 X 188-203 E 63565

CERTIFICATE OF DEATH

REGISTERED NO. 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City of Baltimore: (No. Md Gen Hosp St., Ward)

2-FULL NAME Henry B. Singer

(a) RESIDENCE NO. Homestead Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Singer

6 DATE OF BIRTH (month, day, and year): Nov 24 1889

7 AGE: Years 41 Months — Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Live Stock
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Chas Singer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Dell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edith C. Singer (Address) Homestead Md

15 Filed 1930 HARRY JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was riding skidded & over-turned

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dowell Md

Did an operation precede death? no Date of

Was there an autopsy? no

What first confirmed diagnosis? Clinical

(Signed) J. J. Frame M. D.

10/25 1930 (Address) 2934 M Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hampstead Cemetery — DATE OF BURIAL: Dec 28 1930

20 UNDERTAKER: J. A. Elmer — ADDRESS: Westminster Md

C 261930

Spec.—1-12-23—M&T—500 Bks.

63566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63566

South

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Augusta Ave ST., ... WARD) 20-71

2-FULL NAME James W Sweeney

(a) RESIDENCE NO. 203 S Augusta ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wife

6 DATE OF BIRTH (month, day, and year) 4-14-1859.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Finnegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Rev. John Long
(Address) 2032 Druid Park

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 30, to Dec 24, 1930, that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) W A Krall, M. D.

Dec 1930 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem. DATE OF BURIAL Dec 28 19

20 UNDERTAKER H C Penning & Son ADDRESS 1130 Pennsylvania Ave

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

63567 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 63567

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Druid Hill Ave. St. ..... WARD) 11-24

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert R. Fleetwood

(a) RESIDENCE No. 1103 Druid Hill Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 60 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter.

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Alex Montgomery
(Address) 1103 Druid Hill Ave.

15 Filed: Dec 24 1930 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24/30.

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 24, 1930 that I last saw h..... alive on Dec 24, 1930 and that death occurred, on the date stated above, at 9 AM m

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ~~Pneumococcus sputum~~

(Signed) C. W. Horne M. D.

Dec 29 1930 (Address) 1116 Park Pa

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn | DATE OF BURIAL Dec 26 1930

20 UNDERTAKER: Samuel Hensley | ADDRESS 1 E. Eddie

PLEASE READ INSTRUCTIONS ON BACK OF CERTIFICATE. This is very important. See instructions on back of certificate.

Rec—12-23-21—E.B.R.S.—400 Eks.

E 63568

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-003

E 63568

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna May Thomas

(a) Residence No. 604 S. Kenkirk St., 26-37 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 8. 1930

7-AGE ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore
(State or Country)

PARENTS

10-NAME OF FATHER, John W. Thomas

11-BIRTHPLACE OF FATHER (city or town) Va.
(State or Country)

12-MAIDEN NAME OF MOTHER, Ruth A Webster

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country)

14- (Informant) .....

(Address) .....

15- Filed ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 9 1930

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1930 to Dec 9 1930 that I last saw her alive on Dec 9 1930 and that death occurred, on the date stated above, at 8 50 m.

The CAUSE OF DEATH* was as follows:

Congenital Defect
(Encephalocele)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physician & Autopsy

(Signed) [illegible] M. D.

12/17/1930 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL ..... 19....

20-UNDERTAKER.

ADDRESS

DEC 23 1930 [illegible] Registrar.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 63569

E 63569

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S. Oldham ST., ... WARD) 26-37

2—FULL NAME Baby Burns

(a) RESIDENCE NO. 729 S. Oldham ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): December 23, 1930

7 AGE: Years — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of indostry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John. Burns.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant John. Burns
(Address) 729 Oldham St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 24/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to Dec 24, 1930, that I last saw h alive on Dec 23, 1930 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Premature delivery at about 5½ mo. of pregnancy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) rupture of amniotic sac

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. F. Wenger, M. D.

12/26, 1930 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine S. Cem	Dec 26, 1930
20 UNDERTAKER	ADDRESS
Wendell J. Leppel	3008 Eden

Spec.—2-29-28—L. F. S.—500 Bks.

E 63570

HEALTH DEPARTMENT—CITY OF BALTIMORE

162

E 63570

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1316 N. Mount Street

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ ST., _____ WARD) 16-22

2—FULL NAME Dorothy Jeter

(a) RESIDENCE NO. 1316 N. Mount ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: A. A.

5 Single, Married, Widowed, or Divorced, (write the word): _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 12/17/30

7 AGE: Years _____ Months _____ Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) 1316 Mount St (State or country)

PARENTS

10 NAME OF FATHER Joseph Thornton

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Virginia

12 MAIDEN NAME OF MOTHER Dorothy Jeter

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) East Md.

14 Informant Dorothy Jeter

(Address) 1316 N. Mount St.

15 Filed _____ 19 _____ Registrar

5303

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/30

17 I HEREBY CERTIFY, That I attended deceased from 12/18, 1930, to 12/23, 1930 that I last saw her alive on 12/23, 1930 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 632 Baker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: DEC 24, 1930

ADDRESS

20 UNDERTAKER: Commissioner Health.

Rec—12-23-21—E.B.B.S.—400 Blks.

E 63571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63571

CERTIFICATE OF DEATH.

161-001

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 630 Portland St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Odenthal

(a) Residence No. 630 Portland St., 22 Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12/21/30

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 3/4 hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore Md.
(State or Country).

PARENTS

10-NAME OF FATHER. Wm Wallace Odenthal

11-BIRTHPLACE OF FATHER (city or town) Norfolk
(State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Flossie Viola Voight

13-BIRTHPLACE OF MOTHER (city or town) Prince Ann Co.
(State or Country). Virginia

14- (Informant) Mother (Mrs. Wm Odenthal)
(Address) 630 Portland St., Balto.

15- Filed, ... 19..... C. HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/22/30

17- I HEREBY CERTIFY, That I attended deceased from 10:45 P.M. 12/21 1930 to 12:15 A.M. 12/22 1930 that I last saw h. alive on Dec 22 1930 and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:
Premature Birth (30 wks).

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Undetermined

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Louis H. Douglass M. D.

12/24 1930 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL DEC 24 1930, 19....

20-UNDERTAKER. ..... ADDRESS .....

UNIVERSITY OF MARYLAND

Commissioner Health.

Per Wm. E. Woodall

instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 63572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 63572

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4017 Edmondson Ave St., ... Ward) 20-71

2-FULL NAME Dora L. Diehlmann

(a) RESIDENCE NO. 4017 Edmondson Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Frederick J.

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Balt Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Bald

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Lechner

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Fred J Diehlmann
(Address) 4017 Edmondson Av

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

Post .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. S. Brooks, M. D.

12/24, 19 30 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltlawn	12/26/30
20 UNDERTAKER	ADDRESS
Harry H Witzke	4101 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 63573

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63573

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1746 Morgland Ave ST.) WARD) 16-68

2-FULL NAME Joseph Moses Posner

(a) RESIDENCE NO 1746 Morgland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Posner

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer) Jobber
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Michael Posner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Frieda —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Levin
(Address) 1439 E Balto St

15 DEC 26 1930 1930 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis 6 months
(duration) yrs.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regula

(Signed) H. Leffler Coroner, M. D.

Dec 26 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery

DATE OF BURIAL 12-26 1930

20 UNDERTAKER Jos. Levin

ADDRESS 1439 E Balto St

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63574 185 E 63574

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH New Amsterdam Building.

CITY OF BALTIMORE: (NO. 227 St.Paul Place. ST., ... WARD) 21-29

2-FULL NAME Harry F.Vogelman.

(a) RESIDENCE NO 752 W.Hamburg St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 23,1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bookkeeper.
(b) General nature of industry, business, or establishment in which employed (or employer) New Amsterdam Casualty
(c) Name of employer Company.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles L.Vogelman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna T.Rogan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Raymond E.Vogelman.(brother)
(Address) 5211 Kenilworth Ave.

15 Filed ..... 192 ..... Registrar

C 261930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24,1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of the skull. Multiple fracture of the arms and legs. Accidental fall from a window of the New Amsterdam Building. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/26/30 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Dec 27 1930

20 UNDERTAKER Wm J. Tuckner & Son — ADDRESS N & Pa Ave

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A.Co.—2100 Mks.

E63873

HEALTH DEPARTMENT—CITY OF BALTIMORE

Corrected Certificate of unidentified man-see reverse side

~~CERTIFICATE OF DEATH~~

REGISTERED NO. E6

(If death occ a hospital or in give its NAME of street and and fill out No.

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., Ward)

2-FULL NAME George F. Zizwarek

(a) RESIDENCE NO. 1635 N. Durham St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7/1894

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	37	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam Fitter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Union Ship Building Co.

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John F. Zizwarek

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary H. Luber

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Cinti., Ohio

14 Informant John F. Zizwarek
(Address) ~~1636 N. Durham St~~

15 Filed JAN 9 - 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/3

17 I HEREBY CERTIFY, That I took ch
remains described above, held an inquiry
(Inquest, autopsy or
thereon and from the evidence obtained by said (
inquiry find that said deceased came to hi
topsy or inquiry)
on the day stated above.
The CAUSE OF DEATH* was as follows:
Probably Cerebral Hemorrhag
(dropped on sidewalk at Che
& Oliver N.W.)
(duration) yrs. mo
CONTRIBUTORY
(Secondary)
(duration) yrs. mo

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no (over
What test confirmed diagnosis?
(Signed) [signature]
Jan 9/31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Viol state (1) Means and Nature of Injury, and (2) whether Suicidal, or Homicidal. (See reverse side for additional sp

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Redeemer

DATE
Jan
ADDR
2 o

20 UNDERTAKER
John Ulrich

Spec.—1-30—M. & T.—250 Bks.

63576

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 101-001 E 63576

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St Joseph's Hospital St. ..... WARD) 9-17

2-FULL NAME Corbett Williamson

(a) RESIDENCE No. Aberdeen, Md. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mar. 14, 1923

6 DATE OF BIRTH (month, day, and year) Mar. 14, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Luther R. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER May Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr. Luther R. Williams
(Address) Aberdeen Md. R.F.D. #1

15 Filed Dec 26 1930 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-24-30, 19..., to 12-26-30, 19..., that I last saw him alive on 12-26-30, 19..., and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Lawrence M. Sroy, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smith's Chapel Cem

DATE OF BURIAL Dec. 28, 1930

20 UNDERTAKER W. Madison Mitchell

ADDRESS Havre de Grace Md.

over

Cor.—10-10-29—A Co.—100 Bks.

E 63577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63577

CERTIFICATE OF DEATH

188-103

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Md Gen Hosp St., ... Ward)

2-FULL NAME Hamilton A. Pierson 14-20

(a) RESIDENCE NO. 1622 Bolton St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Simmons

6 DATE OF BIRTH (month, day, and year) Sept 9-1845

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	85	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mer Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Balto

PARENTS
10 NAME OF FATHER .....
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md
12 MAIDEN NAME OF MOTHER .....
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant C. Edwin Pierson
(Address) 4504 Springdale Av

15 Filed ..... 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Fulton & Mc Mechen

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Franz M. D.

12/26 1930 (Address) 1934 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Dec 27 1930
20 UNDERTAKER John O. Mitchell & Son	ADDRESS 1900 Eutaw Place

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63578

E 63578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Clarence Sakellos

(a) RESIDENCE NO. 425 Patapsco Ave ST., 25-75 WARD .....
(Usual place of abode) Brooklyn, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1930

7 AGE Years ..... Months 8 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) not

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Tony Sakellios

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Clarence

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Tony Sakellios
(Address) 425 Patapsco Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M.D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1930, to Dec. 25, 1930, that I last saw h/ alive on Dec. 25, 1930, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 6 hrs. mos. ..... ds.

Accidental Burns

CONTRIBUTORY (Secondary) ~~Bronchitis~~

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Hunting, M.D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 12/27 1930

20 UNDERTAKER Robert [illegible]

ADDRESS Catherine [illegible]

DEC 26 1930

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63579 90 E 63579

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1226 W. North Ave. Ward)

2-FULL NAME Rufus Jones Barwick

(a) RESIDENCE NO. 1226 W. North Ave. Ward 13-59

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 18, 1866

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
64	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) 078
(c) Name of employer U. R. & E. Co

9 BIRTHPLACE (city or town) .....
(State or country) Delaware

PARENTS

10 NAME OF FATHER John J. Barwick

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Delaware

12 MAIDEN NAME OF MOTHER Susan Spence

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Delaware

14 Informant Miss Lavinia C. Barwick
(Address) 1326 W. North Ave.

15 Filed ....., 19..... C. HARPSON JONES, M. D., Registrar
By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 1 year

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

Dec 23, 1930 (Address) 20 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hillsboro Md.	Dec. 27, 30
20 UNDERTAKER	ADDRESS
Wm J. Tickner, Sons	N. Fulton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26 1930

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63580

90 E 63580

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1707 E. 33rd ST. ..... WARD) 9-46

2-FULL NAME William T. Lyons

(a) RESIDENCE No. 1707 E. 33rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Hobbs Lyons

6 DATE OF BIRTH (month, day, and year): Oct. 11, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Retail Furniture

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore County, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mr. C. O. Hobbs
(Address): Homewood Apts., Guilford

15 Filed 26 1930, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930, to Dec 25, 1930 that I last saw him alive on Dec 25, 1930 and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemiplegia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Arteri-Sclerosis.

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/26, 1930. (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Dec. 27, 1930

20 UNDERTAKER: John O. Mitchell & Sons, Makton B. Mitchell

ADDRESS: 1900 Eutaw Pl.

NOW is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 63581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72 E 63581

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. 33rd St. ..... ST. ..... WARD)

2. FULL NAME Dora Rosabelle Wantland

9-46

(a) RESIDENCE No. 613 E. 33rd St. ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur F. Wantland

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Harford Co., Md.

PARENTS

10 NAME OF FATHER William F. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Wilbur F. Wantland
(Address) 613 E. 33rd St.

15 261930 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25/30

17 I HEREBY CERTIFY, That I attended deceased, from Dec. 20, 1930, to Dec. 25, 1930 that I last saw her alive on Dec 25, 1930 and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus 1 year
Tabes Dorsalis
(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock M. D.

19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec. 27 19 30

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Pl

FROM IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63582 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63582

69

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 535 West 40th ST., 13.52 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna D. Tinley

(a) RESIDENCE NO. 535 West 40th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney H. Tinley

6 DATE OF BIRTH (month, day, and year) Nov. 5, 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	1	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Rudolph Vollrath

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Meyers

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Germany

14 Informant Mrs. Anna T. Shipley
(Address) 535 West 40th Street

15 G. HARRISON JONES, M. D.
12 26 1930 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26-1930

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1930, to Dec 25, 1930, that I last saw h alive on Dec 24, 1930, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:
Purpura Hemorrhagica

History of 2 to 3 years
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? None Date of Sept Dec 17, 1930. Blood Transfusion at Hospital for Women

Was there an autopsy? no

What test confirmed diagnosis? Blood Tests

(Signed) Jefferson Beck M. D.

12/26 19 30 (Address) 5 Club Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/29 19 30

20 UNDERTAKER Henry W. Mears and Son

ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks

E 63583 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63583

100-001

CERTIFICATE OF DEATH.

27-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave ST., WARD)

2-FULL NAME Mrs Sally Ricks. (RICKES)

(a) RESIDENCE NO. 6000 Bellona Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem. 4 COLOR OR RACE: White 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Rickes

6 DATE OF BIRTH (month, day, and year) ----- 1855

7 AGE: Years 75 Months --- Days --- If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Alex. Hollingsworth

11 BIRTHPLACE OF FATHER (city or town) ------ (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Bailey

13 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Maryland

14 Informant Mrs. Mary R. Kahn (Address) Mount Washington

15 Filed ..., 19 ... C. HARRISON JOURS, JR. Registrar

2 6 1930 PPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/30

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1930, to 12/25, 1930, that I last saw her alive on 12/25, 1930, and that death occurred, on the date stated above, at 1,55 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Cystitis & chronic

(duration) 3 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) Geo. H. Stockman, M. D.

, 19 (Address) 5835 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/27 19 30

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks

E 63584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63584

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jenkins Memorial Hospital 70-70

CITY OF BALTIMORE: (No. 1000 Caton Avenue ST., WARD)

REGISTERED NO. X (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mc Quade

(a) RESIDENCE No. 1710 Newton St N.E. Wash. D.C. ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE: Years 65 yrs. Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin Mc Quade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jenkins Memorial Hospital
(Address) 1000 Caton Avenue

15 Filed 1930 19 C. ELLISON JONES, JR. Registrar

26 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-30

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Dec 26, 1930; that I last saw he alive on Dec 26, 1930 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma Bronchitis

(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Nicholas J. Bonello, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wash. D. C.

DATE OF BURIAL 12/26 1930

20 UNDERTAKER Wm H. Laird & Co

ADDRESS 1 2 4 N St N.E. Wash. D.C.

Spec.—1-30—M. & T.—250 Bks.

24 8212

E 63585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63585

X 107-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Edward Thomas

(a) RESIDENCE NO. Sparrows Pt. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/30/29

7 AGE 1 Years; Months 4; Days 25; If LESS than 1 day, ... hrs. or ..... min.

17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edmond Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Zayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Parents
(Address) JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 25, 1930, that I last saw him alive on Dec. 25, 1930, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Lung abscess

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ann E Kettner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Dec 27 1930

20 UNDERTAKER: Fio Ozazewski 1930 — ADDRESS: Eastern Av

26 1930 C. HARPSON JONES, M.D. Registrar

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63586 57 E 63586

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Eastern Ave. ST., 13 WARD)

2—FULL NAME Stela Bautro

(a) RESIDENCE NO. 2503 Easetrn Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam F. Bautro

6 DATE OF BIRTH (month, day, and year) April 1874

7 AGE 56 Years 55 Months 8 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer At Home

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER Unk.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER Rybacka

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant Adam F. Bautro
(Address) 2503 Eastern Ave

15 Filed ..... 19 ..... C. HARRISON JONES, Jr. Registrar

2 6 1930 By ACM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25. — 30

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1930 to Dec 25, 1930, that I last saw h e alive on Dec. 25, 1930, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted —
if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J Kager M. D.

, 19 (Address) 1607 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 27 1930

20 UNDERTAKER J. W. Bagenski

ADDRESS 1930 Eastern a

Spec.—8-16-29—L. F. S.—100 Bks.

E 63587 E 63587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

REGISTERED NO. 18

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1616 E Lafayette Ave ST., 9 WARD)

2—FULL NAME Patrick P Sullivan

(a) RESIDENCE NO. 1616 E Lafayette Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elnora Sullivan

6 DATE OF BIRTH (month, day, and year): Apr 5. 1894

7 AGE: Years 36 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John W Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Rose Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: John J. Fitscher
(Address) 3901 Hamilton Ave

15 Filed 1930, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 25 1930

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1930, to December 25, 1930, that I last saw him alive on December 25, 1930 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. 8 mos. ds.

over

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 1930

Was there an autopsy? No.

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) Albert Singenady, M. D.

12/30/1930 (Address) 613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forthwind

DATE OF BURIAL: 12/29 1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

DEC 29 1930

DRS

Spec.—1-30—M. & T.—250 Bks.

Time of burial extended to 12/27/30
J. Frederick Hampel
100-001
Asst. Com of Health

243346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63588 E 63588

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-13 WARD)

2-FULL NAME Minnie Grape

(a) RESIDENCE NO. 1733 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~unknown~~ mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) ~~unknown~~ widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas Grape.

6 DATE OF BIRTH (month, day, and year) June 19-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ky

PARENTS

10 NAME OF FATHER James Terrhune

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Barbara Casselman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Records
(Address) .....

15 Filed 12 26 1930, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec-8, 1930, to Dec-20, 1930, that I last saw her alive on Dec 20, 1930, and that death occurred, on the date stated above, at 7²⁰ p m.

The CAUSE OF DEATH* was as follows:

Fever - unexplained

(duration) ..... yrs. ..... mos 24 ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Caroline C. Bedell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 12/27 1930

20 UNDERTAKER J M Cook

ADDRESS 1217 N Pond St

Spec.—1-30—M. & T.—250 Bks.

E 63589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63589

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH University Hospital 9-H6 REGISTERED NO. .....

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jessie Burkhardt

(a) RESIDENCE NO. 746 Bartlett Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry Burkhardt

6 DATE OF BIRTH (month, day, and year) May 20 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	7	6	

8 OCCUPATION OF DECEASED At Home

(a) Trade, profession or particular kind of work ~~Canada~~

(b) General nature of industry, business, or establishment in which employed (or employer) 027

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER (Unknown) Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lydia Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Harry Burkhardt
(Address) 746 Bartlett Av

15 Filed Dec 26 1930, 19 ..... C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 19 30, to Dec 26, 19 30, that I last saw HER alive on Dec 26, 19 30, and that death occurred, on the date stated above, at 9 45 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia
Pneumothorax

(duration) ....yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cholitiasis & Cholecystitis (duration) ....yrs. mos. 38 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? yes Date of Dec. 20.

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Geo. J. Snowden Jr., M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 12/29 1930

20 UNDERTAKER J. M. Cook — ADDRESS 1217 E. Fayette St

Spec.—1-30—M. & T.—250 Bks.

E 63590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63590

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST., 9-46 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Creswell

(a) RESIDENCE NO. 616 Bartlett Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George W Creswell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza E Gallahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Virginia Martin
(Address) 616 Bartlett Ave

Filed 2-6-1930, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-30

17 I HEREBY CERTIFY, That I attended deceased from 12-24-30, 19..., to 12-26-30, 19...,

that I last saw him alive on 12-26-30, 19...,

and that death occurred, on the date stated above, at 7.50 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uraemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Lawrence M Brom, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys, Hampden

DATE OF BURIAL 12/29/30

20 UNDERTAKER Wilhelm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 63591

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 63591

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 2-4 WARD)

2-FULL NAME Henry Eser

(a) RESIDENCE NO 625 S Durham ST., 2 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Marreed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Theresa Eser

6 DATE OF BIRTH (month, day, and year) Feb. 23rd 1858

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 115
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Eser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Veronica Huber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Theresa Eser Wife

(Address) 625 S Durham St

15 Filed ....., 192.... ..... Registrar.

C 261930 C. HARRISON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~I C Alcoholism~~

Senility Mitral Stenosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver Gangrene

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 625 S Durham

Did an operation precede death? — Date of —

Was there an autopsy? No

What lesions confirmed diagnosis? Phy History

(Signed) G. E. Vagle, M. D. Coroner

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Dec. 27 1930

20 UNDERTAKER: Lilly + Zeiler Inc.

ADDRESS: 403 S Wolfe St

TION is very important See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 63592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63592

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Church Home & Infirmary St., 1-1 Ward)

2-FULL NAME Mary Ziegel

(a) RESIDENCE NO. 3224 Fait Ave St., 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. / mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Ziegel

6 DATE OF BIRTH (month, day, and year) Nov 1/1893

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	37	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER John Machulez

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Thomas Ziegel
(Address) 3224 Fait Ave

15 Filed ....., 19..... C. Hickson Jones, Registrar
Per RAH

2 6 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardio- Renal Disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pregnancy

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Jones, M. D.

Dec 26/1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Dec. 27 1930
20 UNDERTAKER	**ADDRESS**
Lilly & Zeller (inc)	403 S. Wolfe St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63593

CERTIFICATE OF DEATH.

REGISTERED NO. 28 63 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mt Hope Retreat ST., ... WARD)

2-FULL NAME W Osbourne Firmen

(a) RESIDENCE NO. Mt Hope Retreat ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Catonsville
(State or country) Md

PARENTS

10 NAME OF FATHER Thos. J. Firmen

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) England

12 MAIDEN NAME OF MOTHER Nellie Taylor

13 BIRTHPLACE OF MOTHER (city or town) Catonsville
(State or country) Md

14 Informant Mrs Hope Reuss
(Address) Mrs Hope Retreat

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1930

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Dec 25, 1930, that I last saw her alive on Dec 25, 1930, and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:
Status Epilepticus
(Cardio-vascular degeneration)

0 (duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Epilepsy (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Mullen P. Fell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12/27 1930

20 UNDERTAKER Harry N. Weitz

ADDRESS 4101 Edmondson Ave

Cor.—10-10-29—A Co.—100 Bks.

E 63594

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103 E 63594

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Balto Gen St., 16-22 Ward)

2-FULL NAME John A Baker Jr

(a) RESIDENCE NO. 932 Payson St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 1-1924

7 AGE: Years 6 Months Days 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John A Baker

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Jedelyn McCowan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant John Alvin Baker
(Address) 932 N. Payson St

15 Filed ..... 19..... C. HARRISON JONES, M. D., Registrar
By .....

DEC 26 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: While coasting in a toy wagon ran into path of moving auto

@ ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? in rear of 900 Payson

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H J Frame M. D.

12/26 1930 (Address) 2939 W. Fedley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 12/27/1930

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63595

CERTIFICATE OF DEATH

199 E 63595

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 9 Union Mem Hosp 27-53 St., ... Ward)

2-FULL NAME Elmer Phillips

(a) RESIDENCE NO. 303 Oakdale Rd St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adell Phillips

6 DATE OF BIRTH (month, day, and year): 12/16-1880

7 AGE: Years 45 Months ..... Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Gen Captain
(c) Name of employer: .....

9 BIRTHPLACE (city or town) ..... (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Orion Phillips

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country): Balto Md

14 Informant: Anna Phillips
(Address): 303 Oakdale Rd

15 Filed 12 26 1930 19 C. HARRISON JONES, M. D. Registrar
By ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto in which he was a rider collided with another overturning

(a) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Fract Skull

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hotchkiss & Appendix

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frank, M. D.

12/26 1930 (Address) 2939 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 12/29 1930

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-12-23-21-E.B.R.S.-400 Bks.

Thompson

E 63596

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63596

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1413 Lansdowne St., 9-46 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Julia Thompson

(a) Residence No. 1413 Lansdowne St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 12, 1870

7-AGE 60 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Kent Co (State or Country) Md

PARENTS.

10-NAME OF FATHER, George N. Thompson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12-MAIDEN NAME OF MOTHER, Florinda Fisher

13-BIRTHPLACE OF MOTHER (city or town) Kent Co (State or Country) Md

14- (Informant) Mrs George Merritt

(Address) Arlington Md, Balto Co Md

15- C. HARRISON JONES, M. D.

Date 1930 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 25 1930

17- I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930 to Dec 25, 1930 that I last saw her alive on Dec 24, 1930, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W W Pearce M. D.

Dec 25 1930 (Address) 2105 Charlcot

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oakland Cemetery

DATE OF BURIAL, Dec 27 1930

20-UNDERTAKER. Wheatley and Sue

ADDRESS 4 N Broadway

instructions on back of certificates.

26 1930

Spec.—9-30—A. & Co.—250 Bks.

E 63597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63597

CERTIFICATE OF DEATH.

101-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 S Paca. ST. ..... WARD 21-29

2-FULL NAME Ethel A Richardson.

(a) RESIDENCE No. 828 S Paca. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Richardson

6 DATE OF BIRTH (month, day, and year) May 12 1886

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS
10 NAME OF FATHER: James Lowe
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Not Known
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Charles N Richardson
(Address) 828 S Paca St

26-1930 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1930, to Dec. 26, 1930 that I last saw HER alive on Dec. 26, 1930 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) F. E. L. Campbell M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 12-29 1930

20 UNDERTAKER: Bernard C Harle — ADDRESS: 1000 S Paca St

RPH

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 63598 E 63598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Aged, men, women's Home ST., 1623 WARD)

2-FULL NAME Charlotte Thomas

(a) RESIDENCE NO. 822 N. Carrollton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1850

7 AGE: Years 80 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr Robinson
(Address) 822 Carrollton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1930, to Dec 24 1930, that I last saw her alive on Dec. 24 1930, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical —

(Signed) Edw. J. Mealey, M. D.

12/26 1930 (Address) 2220 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Dec 27 1930

20 UNDERTAKER: John H. Ivadum — ADDRESS 1027 Druid Hill

271930 1930 C. HARRISON JONES, M. D. Registrar

RKH

TION is very important See instructions on back of certificates.

Spec.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 63599

E 63599

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 610 Scott St. St., 21 29 Ward)

2-FULL NAME John H Gerbig.

(a) RESIDENCE NO. 610 Scott St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora V. Gerbig.

6 DATE OF BIRTH (month, day, and year) Jan 31 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
58	✓	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Duker & Arendorf

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph G. Gerbig

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Clara V. Gerbig

(Address) 610 Scott St.

15 HARRISON JONES, M. D. Registrar

271930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1930. Dec 24th

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1930, to Dec 24, 1930, that I last saw him alive on Dec 24th, 1930, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.

(duration) ....yrs. 8 mos. ....ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? None necessary

(Signed) Harry Hecht M. D.

, 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — Date of Burial 12/27 1930

20 UNDERTAKER Wm F. Porter — ADDRESS 2306 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Fact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63600

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-9 WARD)

2-FULL NAME John Aydlett

(a) RESIDENCE NO. 612- N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Florence Aydlett

6 DATE OF BIRTH (month, day, and year) April 5, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Ing August A. Denhard

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Aydlett

11 BIRTHPLACE OF FATHER (city or town) Snow Hill
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) Pokomoke City
(State or country) Maryland

14 Informant Records U. S. Marine Hospital
(Address) .....

15 Filed ..... 19 ..... Registrar

27 1930 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1930, to Dec. 24, 1930, that I last saw living alive on Dec. 24, 1930, and that death occurred, on the date stated above, at 10:10 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis (Syphilitic)

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) Gordon A. Abbott, M. D.

, 19 (Address) U. S. Marine Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 12-28, 1930

20 UNDERTAKER Byrom & Wright

ADDRESS 1218 McElderry St.

Spec.—1-30—M. & T.—250 Bks.

243567

E 63601

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 63601

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 10 14 WARD)

2-FULL NAME William Lee

(a) RESIDENCE NO. 1235 Webb ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gertrude

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Caroline Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 7 1930, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-25-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Dec 25, 1930, that I last saw him alive on Dec 25, 1930 and that death occurred, on the date stated above, at 9 35 pm.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia ~~(Sec)~~ (Secondary)
Bilateral lesion cranial nerves IX & X
Arteriosclerotic -
(duration) yrs. 1 1/2 mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Benj. M. Baker, Jr., M. D.

Dec 26, 1930 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. | DATE OF BURIAL 12-28 1930

20 UNDERTAKER Byron Knight | ADDRESS 1218 McElderry St

Spec.—1-30—M. & T.—250 Bks

E 63602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63602

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N Exeter ST., 5-8 WARD)

2-FULL NAME Madgalene Smith

(a) RESIDENCE No. 12 N Exeter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jemmie Smith

6 DATE OF BIRTH (month, day, and year) Nov 24-75

7 AGE: Years 55 | Months 1 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bethesda Md

PARENTS

10 NAME OF FATHER John Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Malvina Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ella Mae Lewis
(Address) 411 Lewis

15 Filed 2 7 1930, 19 ..... Registrar C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1930, to 12-24, 1930, that I last saw alive on 12-24-30, and that death occurred, on the date stated above, at 12:00 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) unk (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Geo. S. Allen, M. D.

12-27, 1930 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 12-27, 1930

20 UNDERTAKER Byron Wright

ADDRESS 1218 Mc Elderry St.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 63603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63603

CERTIFICATE OF DEATH.

90

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE (No. 2706 Chilham Rd ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate M Newnam

(a) Residence No. 2706 Chilham Rd St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced (~~Husband or Wife~~) WIFE of W Harrison Newnam

6-DATE OF BIRTH (month, day and year) Aug 27-1860

7-AGE 70 yrs. 3 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town and State or Country). Maryland

PARENTS

10-NAME OF FATHER John Kibler

11-BIRTHPLACE OF FATHER (city or town and State or Country) Germany

12-MAIDEN NAME OF MOTHER Matilda Marine

13-BIRTHPLACE OF MOTHER (city or town and State or Country). Md

14- (Informant) Thos Maurice Newnam (Address) 2706 Chilham Rd

15- Filed 2-7-1930 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 25/30

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1930 to Dec 25 1930 (inclusive) that I last saw her alive on December 21 1930 and that death occurred, on the date stated above, at One a. m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L Emmett Fargo M. D.

, 19 (Address) 2937 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL Dec 27 1930

20-UNDERTAKER. A S Marshall

ADDRESS 3539 Fall Rd

instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63604

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 West Pratt ST., 18 WARD 29

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Brooks

(a) RESIDENCE NO. 832 West Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna A. Malone Brooks

6 DATE OF BIRTH (month, day, and year) Apr 1, 1883.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer Bartlett & Hayward Co

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Michael Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs Anna A. Brooks
(Address) 832 West Pratt St

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar
Sec. ..... Registrar

277930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1930, to Dec 26, 1930, that I last saw him alive on Dec 26, 1930, and that death occurred, on the date stated above, at 7.10 A.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease.

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Etc.

(Signed) Chas Norton, M. D.

12/26/30, (Address) 888 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 12/29/1930.

20 UNDERTAKER John J. Bowen & Son

ADDRESS 901 HOLLINS

Spec.—1-30—M. & T.—250 Bks.

243705 Red E 63605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63605

CERTIFICATE OF DEATH.

10-14 11-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... JOHNS HOPKINS HOSPITAL ..... ST., ... WARD)

2-FULL NAME Gilbert Mann

(a) RESIDENCE No. 800 Shute ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March-3-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hughes Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Minnie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 7 1930, 19 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-25-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 25, 1930, that I last saw him alive on Dec 25, 1930, and that death occurred, on the date stated above, at 1 20 A m.

The CAUSE OF DEATH* was as follows:
Influenza Meningitis

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Smear of Spinal Fluid

(Signed) Ann E Kittner, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem

DATE OF BURIAL 12/29 1930

20 UNDERTAKER Samuel Wemsley

ADDRESS 1728 N Eutaw

Spec.—9-30—A. & Co.—250 Bks.

E 63606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63606

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 441 E 23rd St 12th WARD)

REGISTERED No .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Williams

(a) RESIDENCE No 441 E 23rd St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How Long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Williams

6 DATE OF BIRTH (month, day, and year) Sept 11-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lawsonville Md

PARENTS

10 NAME OF FATHER Marcellus Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maggie Williams (wife)
(Address) 441 E 23rd St

15 Filed ..... 19 ..... Registrar

271930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/30

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1930, to Aug 22, 1930 that I last saw him alive on Aug 22, 1930 and that death occurred, on the date stated above, at 12-30 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Esophagus

(duration) Last illness yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 1215 Fairmount St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/27 19 30

20 UNDERTAKER Samuel Hemsley

ADDRESS 1 Biddle St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 6360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 63607

CERTIFICATE OF DEATH.

74-002

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 14 (WARD) 20

2. FULL NAME Mary Saunders Wallace

(a) RESIDENCE NO. 401 Wilson ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Wallace.

6 DATE OF BIRTH (month, day, and year) 11-20-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) St. Mary's County
(State or country) Md

PARENTS
10 NAME OF FATHER Alderson Dent.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md
12 MAIDEN NAME OF MOTHER Mary Hawkins
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Records Dr.
(Address) BALTIMORE CITY HOSPITALS

15 C. HAMPSON JONES, M. D. Registrar
By .....

2 771930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1930

17
I HEREBY CERTIFY. That I attended deceased from Nov. 24, 19 30, to Dec. 24, 19 30
that I last saw h er alive on Dec. 24, 19 30
and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:
Thrombosis, cerebrol, rt.
Hemiplegia, left.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Proger M. D.
12-25 1930 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 12/27 1930

20 UNDERTAKER Samuel W. Chase & Son — ADDRESS 638 N. Gilmor

FOR is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 63608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63608

CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 S. Potomac St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelia Rosina Englemann

(a) RESIDENCE NO. 503 S. Potomac St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clorence Englemann

6 DATE OF BIRTH (month, day, and year) May 18 - 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	55	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Louis Beck

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth McDermott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry L. Beck Sr.

(Address) 3117 Belair Rd.

C. HARRISON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to Dec. 26, 1930, that I last saw h. alive on Dec 26, 1930, and that death occurred, on the date stated above, at 9 20 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis Chronic Nephritis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar J. Faubert M. D.

19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

Date of Burial Dec 29 1930

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

2 7 1930

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63609

188-103

E 63609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST., 6 WARD) 10

2-FULL NAME Rickleff Leerhoff

(a) RESIDENCE NO 104 W. Pratt ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of Leerhoff
(or) WIFE of Margaret Miller

6 DATE OF BIRTH (month, day, and year) November 9th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73		2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant F. W. C. Leerhoff
(Address) 104 W. Pratt Street

15 Filed 1930, 192 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:
Struck & knocked down by moving auto
@ (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fract Skull
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Relaw Rd & Hart

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) D. Frame, M. D. Coroner

Dec 26, 1930 (Address) 2939 W. Eldon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cem

DATE OF BURIAL Dec 27 1930

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

TION is very important See instructions on back of certificate.

2 7 1930

Spec.—1-30—M. & T.—250 Bks

E 63610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63610

71-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST., 4-7 WARD)

2-FULL NAME Silas Miller Henderson

(a) RESIDENCE NO. Louisville Kentucky ST. WARD _____ (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 7, 1882

7 AGE Years 48 Months 7 Days 20 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Warren Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louisiana

12 MAIDEN NAME OF MOTHER Elizabeth B. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Hospital Records
(Address)

15 Filed Dec 27 1930, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Dec 27, 1930, that I last saw him alive on Dec 27, 1930, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pneumococcal Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Hartman F. Gibson, M. D.

19 (Address) 1 W. Read Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisville - Ky. DATE OF BURIAL Dec 27, 1930

20 UNDERTAKER Stewart & Lonsdale ADDRESS Balto.

Cor.—10-10-29—A Co.—100 Bks.

E 63611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 ✓ E 63611

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2703 Oak Street St., 12-51 Ward)

2-FULL NAME Charles A. Warren

(a) RESIDENCE NO. 2703 Oak Street St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Violet E. Warren

6 DATE OF BIRTH (month, day, and year) January 3, 1887

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
43	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) #66
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Massachutts

PARENTS

10 NAME OF FATHER John H. Warren

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Rhode Island

12 MAIDEN NAME OF MOTHER Lila Longley

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Massachutts

14 Informant Mrs Violet E. Warren
(Address) 2703 Oak Street

..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound through head (over)

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

12-27, 19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec. 27, 1930
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	125 E. Mort Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 7 1930

Spec.—1-30—M. & T.—250 Bks.

Yonkonowitch

E 63612 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63612

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St. Joseph's Hospital 19-28 ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Yonkonowitch

(a) RESIDENCE No. 1414 McHenry ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years 43 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

040

9 BIRTHPLACE (city or town) (State or country) Serbia

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Serbia

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Serbia

14 Informant Rista Milich
(Address) 383 S. Haris st

15 Filed ....., 19 ..... Registrar

27 1930 C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-1930

17 I HEREBY CERTIFY, That I attended deceased from 9-15-30, 19..., to 12-26-30, 19...,
that I last saw him alive on 12-26-30, 19...,
and that death occurred, on the date stated above, at 4.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Bilateral)

(duration) ....yrs. 6 mos ....ds.

CONTRIBUTORY (Secondary) —

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? X-Ray

(Signed) Lawrence M. Sera, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 29th 19

20 UNDERTAKER A. Jones

ADDRESS 111 S. Eutaw

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63613

CERTIFICATE OF DEATH

74-001 E 63613

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1003 Vine St., 18-26 Ward)

2-FULL NAME Mary J. Simpson

(a) RESIDENCE NO. 1003 Vine St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic
(c) Name of employer —

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Chas. J. Simpson
(Address) 1003 Vine St

15 Filed Dec 27 19 30 C. HARRISON JONES, M. D., Registrar

DEC 27 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. H. Brooks M. D.

Dec 27 19 30 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec. 27th 19 30
20 UNDERTAKER A. Jones	ADDRESS 111 S. Eden

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

243654
Obst.

E 63614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63614

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 1420 WARD)

2-FULL NAME Ella Cook

(a) RESIDENCE No. 533 Wilson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word)
Female	Black	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of John Cook

6 DATE OF BIRTH (month, day, and year) Jan. 4, 1890

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Washington Street

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alice Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address)

15 Filed DEC 27 1930, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 23 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1930, to Dec. 23rd, 1930, that I last saw h. 24 alive on Dec. 23rd, 1930, and that death occurred, on the date stated above, at 7 55 p. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood & urine studies

(Signed) E. H. Harrison, Jr. M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Dec. 27, 1930

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

C. HARRISON JONES, M. D.
ARF

1-30—M. & T.—100 B—50L.

E 63615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63615

CERTIFICATE OF DEATH

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 N. Calhoun ST., 16-23 WARD)

2-FULL NAME Wm. Isabelly

(a) RESIDENCE NO 1333 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE Years 61 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) 021
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hattie Isabelle
(Address) 1333 N. Calhoun

15 Filed DEC 27 1930, 192 C. HARRISON JONES, Registrar. RRW

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 19 30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Regular

What test confirmed diagnosis?

(Signed) H. E. Funk, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 28, 1930

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Schroeder St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63616

129

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Women Hosp. of Maryland

CITY OF BALTIMORE: (No. 15-65 ST., ... WARD)

2-FULL NAME Anne Guthrie McMechen

(a) RESIDENCE No. 2905 Garrison Blvd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry C McMechen

6 DATE OF BIRTH (month, day, and year) Oct 17-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER J. J. Guthrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia (?)

12 MAIDEN NAME OF MOTHER Annie E. Broughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia (?)

14 Informant Harry C. McMechen
(Address) 2905 Garrison Blvd. City

15 Filed 27 1930, 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1930, to Dec 25, 1930, that I last saw her alive on Dec 25, 1930, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:
Uremia - following chronic nephritis
nephrectomy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Nephrectomy
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Examination tests.

(Signed) Earle P. Clemson M. D.

..... 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Dec 27 1930

ADDRESS 1832 Hollins

20 UNDERTAKER George J. Smith

Spec.—1-12-23—M&T—500 Bks.

E 63617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002 E 63617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Amberly Ave. 20-71 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Coale.

(a) RESIDENCE No. 4703 Amberly Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edward Coale

6 DATE OF BIRTH (month, day, and year): Aug 8, 1884

7 AGE: Years 46 Months 4 Days 17 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph P. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachael Ritter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edward G. Coale

(Address) 4703 Amberly Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan-26, 1929, to Dec-25, 1930, that I last saw her alive on Dec 27, 1930 and that death occurred, on the date stated above, at 9.00 A. M.

The CAUSE OF DEATH* was as follows:

Chr. Cholecystitis with Diseased Intestinal Adhesions

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction Post Operative (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 29-30.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) S. Lloyd Johnson, M. D.

, 19 (Address) 4201 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 27 1930

20 UNDERTAKER: F. Vernon Keehner

ADDRESS: 153 Hollins

27 1930 C. HUMPSON JONES, M. D. Registrar

By ARH

TION IS Very Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 63618

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63618

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W Lanvale ST., 4-25 WARD)

2-FULL NAME Vernon Ed Malabby of Russel & Lena George

(a) RESIDENCE NO. 117 W Lanvale St ST. WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Dec 16 1930

7 AGE: Years —; Months —; Days 10; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Philadelphia

PARENTS

10 NAME OF FATHER: Russel George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chicago Ills

12 MAIDEN NAME OF MOTHER: Lena George

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chicago

14 Informant: Russel George
(Address): 117 W Lanvale

15 Filed: 19 C. HERBERT JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/26, 1930, to 12/26, 1930, that I last saw him alive on 12/26, 1930, and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 1516 N Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

20 UNDERTAKER: W M Loutzow

DATE OF BURIAL: Dec 27 1930

ADDRESS: 223 N Monto

2 7 1930

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

Taluc or Taltys

E 63619

E 63619

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Ann st. ST., 2-4 WARD)

2-FULL NAME John. Taluć or Taltys

(a) RESIDENCE No. 614 S. Ann st- ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Pauline Taluć

6 DATE OF BIRTH (month, day, and year) December 18-1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
57		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Park Labor.

(b) General nature of industry, business, or establishment in which employed (or employer) City 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Casimir Taluć

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) poland.

14 Informant Pauline Taluć
(Address) 614 S ann street

Filed 2 7 1930, 19 C. HUMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1930, to Dec. 25, 1930, that I last saw him alive on Dec. 25, 1930, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Pulmonary Edema

(duration) ..... yrs. ..... mos 3 ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) 43 S. Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery

DATE OF BURIAL Dec/29 1930

20 UNDERTAKER George A. Weber 705 S. ann st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63620

100-001 E 63620

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 1-2 Ward)

2-FULL NAME Albert E. Busch

(a) RESIDENCE NO. 228 S. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) July 31, 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Scheilds & Co.

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Julius Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Meisz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mr. Julius Busch (Father)

(Address) 228 S. Robinson St

C. ELLERSON JONES, M. D. Registrar

Filed 2 7 1930 19 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy, or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration 2 ds.)

Contributory (Secondary) (duration yrs. mos. ds.)

(Signed) Wm. G. Blades M. D.

(Coroner) 12 N. Bray

12/27/30

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial Dec. 27. 1930

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St & Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63621

188-103

E 63621

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH John Hopkins Hosp.

City of Baltimore: (No. ..... St., 7-9 Ward)

2-FULL NAME Frank D Neubert Jr

(a) RESIDENCE NO. 2019 Mc Elderry St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed or Divorced (write the word) Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 22 - 1921

7 AGE Years 9 Months 8 Days 4 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Frank D Neubert

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balto

12 MAIDEN NAME OF MOTHER Ida Ruby

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto

14 Informant Frank D. Neubert
(Address) 2019 Mc Elderry St

15 Filed ..... 193.. ..... Registrar

27193

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto @

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Chesaler m Norwood

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What tests confirmed diagnosis? Clin & Path

(Signed) J. J. Warren, M. D.

12/27 1930 (Address) 3934 Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Dec 29, 30

UNDERTAKER Geo. C. Miller & Son 2534 ADDRESS Jefferson Md

C. HANSON JONES, M.D. Registrar

NEW

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 63622

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103 E 63622

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Johns Hopkins Hosp 6-9
City of Baltimore: (No. ..... St., ... Ward)

2-FULL NAME George L. Smackum

(a) RESIDENCE NO. 628 Bethel St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Smackum

6 DATE OF BIRTH (month, day, and year) June 6-1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Coachman
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Jessie Smackum

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) D.C.

12 MAIDEN NAME OF MOTHER Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) D.C.

14 Informant George L. Smackum Jr
(Address) 421 Somerset St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

C (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) C.C Fract of Tibia + Fibula - Traumatic shock (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? in 1600 Monument

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. J. France M. D.

12/27 1930 (Address) 2939 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedary Cem — DATE OF BURIAL 12-28 1930

20 UNDERTAKER Jas. Jos. Skinner — ADDRESS 1220 N. Mad St

C 27 1930 C. HAMPSON JONES, M.D. Registrar

Plot .....

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63623

CERTIFICATE OF DEATH

31

REGISTERED NO. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 1945 E. 31st ST., WARD)

2—FULL NAME George H. Wambach

(a) RESIDENCE NO. 1945 E. 31st ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Wambach

6 DATE OF BIRTH (month, day, and year) Jan 3rd 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Iron mills

(c) Name of employer Beth. Steel Co.

009

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Louis E. Wambach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Tenley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Bertha McPherson (Sister)
(Address) 1945 E. 31st St.

15 FILED 2 7 1930, C. HARPSON JONES, M. D.
By A. P. L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to Dec 26, 1930, that I last saw him alive on Dec. 26, 1930 and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocard. Insuff. - Acute bronchitis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo. B. Dyhert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL 12/29 1930

20 UNDERTAKER J. F. McCully

ADDRESS 130 E. Fort

Cor.—10-10-29—A Co.—100 Bks.

E 63624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63624

CERTIFICATE OF DEATH

66

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at Hopkins Hospital

City of Baltimore: (No. From 225 S. Bond St St., 2-4 Ward)

2-FULL NAME Konstanty Czepulia

(a) RESIDENCE NO. 1532 E. Pratt St., Ward .....

(Usual place of abode) 308 (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Czepulia

6 DATE OF BIRTH (month, day, and year)

7 AGE Years: About 50 Months: Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 014
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country): Lithuania

PARENTS

10 NAME OF FATHER: Matthew Czepulia

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Mary Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Lithuania

14 Informant: Annie Czepulia
(Address): 1532 E. Pratt St

15 Filed ..... 19..... C. HAMPSON JONES M.D. Registrar

271930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardiac Failure

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

Dec 25/1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Dec. 29 1930

20 UNDERTAKER: John Trebliauckas ADDRESS: 423 S. Bond St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63625

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-00 Le

E 63625

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Baby Boy Vendetti

(a) RESIDENCE No. Sinai Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/12/30

7 AGE: Years ..... Months ..... Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Vincent Vendetti

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Pylynoka

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mary Vendetti
(Address) 240 S. Chapel St.

15 Filed ..... 19 ..... C. HANSON JONES, M. D. Registrar

DEC 27 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12/30

17 I HEREBY CERTIFY, That I attended deceased from 12/12/30, 19....., to 12/12/30, 19.....,

that I last saw him alive on 12/12/30, 19.....,

and that death occurred, on the date stated above, at 1 00 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Rachel Rebecca Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: DEC 27 1930, 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 63626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63626

CERTIFICATE OF DEATH.

159-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-7 WARD)

2-FULL NAME William Reinhardt

(a) RESIDENCE No. 10 N. Bonaparte Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/24/30

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm W Reinhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Loretta Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Hospital Records
(Address)

15 Filed DEC 28 1930, 19 H. LEON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 19 30, to Dec 27, 19 30, that I last saw him alive on Dec 27, 19 30, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease.

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) G. Emmons Manning M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Moriah Gardens

DATE OF BURIAL: Dec 27 1930

20 UNDERTAKER: Charles H. Evans & Son

ADDRESS: 1188 120 West Mt Royal Ave.

N.B.—WRITE PLAI[illegible] mation should [illegible] CAUSE OF DEA[illegible] TION is very imp[illegible]

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63627

E 63627

101-001

CERTIFICATE OF DEATH.

REGISTERED NO. 27-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 508 S. Hanover ST., WARD)

2-FULL NAME Boruch Eliason

(a) RESIDENCE NO. 508 S. Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Miriam Eliason

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 72 | Months + | Days + | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Eliason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Pearl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: L. Lewis

(Address): 1439 E. Baltimore St.

15 Filed 1-2 19 30 Jos. JONES, M. D. Registrar

261930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26/30

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930, to 12/26, 1930, that I last saw him alive on 12/26, 1930, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Acute Lobar

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Hemiplegia Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Consultation

(Signed) [illegible] M. D.

12/27 1930 (Address) 122 W. Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Wash Road

DATE OF BURIAL: 12-28 1930

20 UNDERTAKER: Jacob Lewis, 1439

ADDRESS: E. Balto St.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63628

CERTIFICATE OF DEATH.

49

E 63628

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 4 30 WARD)

2-FULL NAME Joseph J. Goodman

(a) RESIDENCE NO. Princess Anne, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1898

7 AGE: Years 32 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 04

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Laurel, Md.

PARENTS

10 NAME OF FATHER: Abraham Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Teresa Goodman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Abraham Goodman
(Address): Princess Anne, Md.

15 Filed DEC 28 1930 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1930 to Dec. 27, 1930, that I last saw him alive on Dec. 27, 1930, and that death occurred, on the date stated above, at 4 20 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of left scapular region

(duration) — yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Metastasis to spinal cord (duration) — yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 9, 1930

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Henry L. Decker, M. D.

12-27 1930 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lurgshire — DATE OF BURIAL: 12-28-1930

20 UNDERTAKER: Jacob Levin — ADDRESS: 1439 E. Balto

Cor.—10-10-29—A Co.—100 Bks.

E 63629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181-009

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pennsylvania Station

City of Baltimore: (No. Pennsylvania Ave & Wilson St. Ward) 14-20

2-FULL NAME George W. Bradley

(a) RESIDENCE NO. 703 E. 33rd St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 12, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49	8	10	

8 OCCUPATION OF DECEASED.
(a) Trade, profession or particular kind of work Freight Train Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pennsylvania Railroad

9 BIRTHPLACE (city or town) Ohio
(State or country)

PARENTS

10 NAME OF FATHER O. W. Bradley

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country)

12 MAIDEN NAME OF MOTHER Mary Bess

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

14 Informant Mrs George W. Bradley
(Address) 703 E. 33rd St

Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carbon Monoxide Gas
Poison Accidental

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? _____

(Signed) [illegible] M. D.

19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Wayne, Md	Dec 28, 1930
20 UNDERTAKER	**ADDRESS**
E. LeRoy Sheffler	120 E. Mosher

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1930

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63630 74-001 E 63630

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST., 14-20 WARD)

2-FULL NAME Warren Williams

(a) RESIDENCE NO. 1115 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence is city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So Carolina

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mc Cutcher
(Address) 1205 Lawrence St

15 Filed Dec. 30, 1930 [illegible] JONES, Registrar

261930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Dec. 23, 1930, that I last saw him alive on Dec. 23, 1930, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage.

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic hypertension & nephritis disease (duration) Unknown ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

12/29, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 12/30/1930

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

243606 E 63631

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 63631

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14 20 WARD)

2-FULL NAME Levi Myers

(a) RESIDENCE NO. 1620 Madison ave ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ida

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 63; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer at
(b) General nature of industry, business, or establishment in which employed (or employer): Sparrows Point
(c) Name of employer: 040

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER: Wm Myers
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Olive Foster
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Car

14 Informant: Records
(Address)

Filed 2-8-1930 C. HERMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-26-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Dec 26, 1930, that I last saw him alive on Dec 26, 1930, and that death occurred, on the date stated above, at 10 45 p m.

The CAUSE OF DEATH* was as follows:
Carcinoma of rectum
Peritonitis - following operation
Paralytic ileus
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12-26-30

Was there an autopsy? yes

What test confirmed diagnosis? - microscopic exam. of specimen

(Signed) I. R. Trumbl, M. D.

Dec 27 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gettysburg, Pa.

DATE OF BURIAL: 12/28/1930

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS: 1608 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63632

101-001 E 63632

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2540 W. Franklin ST., 20-69 WARD)

2-FULL NAME John Wm. Lowry.

(a) RESIDENCE No. 2540 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) July 25.1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	----	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph L. Lowry,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Katherine D. Pomeroy;

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Joseph L. Lowry. (Address) 2540 W. Franklin St.

15 Filed ..... 19 ..... Registrar

DEC 28 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Dec 27, 1930; that I last saw him alive on Dec 27, 1930; and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia.

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Degen.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Dec 27 1930 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Dec 29 1930

20 UNDERTAKER Geo W Little

ADDRESS 2700 Edmondson Av

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63633

CERTIFICATE OF DEATH.

129 E 63633

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N. Stricker ST. 16-23 WARD)

2-FULL NAME Martha Glascoe

(a) RESIDENCE No. 1213 N. Stricker ST., ... WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Glascoe

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Co. Va

PARENTS

10 NAME OF FATHER Thomas Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Co. Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Co. Va

14 Informant Blanche Taylor (Address) 1319 Steuart St

15 Filed DEC 28 1930 19 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-1930

17 I HEREBY CERTIFY, That I attended deceased from 10-1-1930, to 12-26-1930, that I last saw her alive on 12-26-1930, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 2 mos 26 ds.

CONTRIBUTORY (Secondary) Myocarditis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank A. Saunders, M. D.

12-27-1930 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sharp's Wharf Va

DATE OF BURIAL Dec 28 1930

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1413 N. Carey St

C 281930

Spec.—1-30—M. & T.—250 Bks. Dr Singwald 1613 E. North Ave
wolf 3053

E 63634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63634

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 N. Dallas ST., 817 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Joseph Hauker

(a) RESIDENCE No. 1815 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Ida M. Hauker

6 DATE OF BIRTH (month, day, and year) May 10th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54		7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boss

(b) General nature of industry, business, or establishment in which employed (or employer) Stable

(c) Name of employer Wernicke Storage Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hauker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Crib

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Ida M. Hauker
(Address) 1815 N. Dallas st

15 Filed 2 8 1930, 19 ..... HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27th 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Dec 27, 1930, that I last saw him alive on Sunday, 1930, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert Singewald, M. D.

12/31 1930 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 12/31 1930

20 UNDERTAKER Wm Cook 1217 St

ADDRESS Paul st

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63635

90 E 63635

CERTIFICATE OF DEATH.

E 63635

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO ..... 24-33 ST. ..... WARD)

2 FULL NAME Jennie Mullen

(a) RESIDENCE NO. 1032 Patapsco ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H.

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Melvin Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 [illegible] JONES, M. D. Registrar

DEC 28 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-30

17 I HEREBY CERTIFY, That I attended deceased from 5-21-29, 19..., to 12-26-30, 19...

that I last saw her alive on 12-26-30, 19...

and that death occurred, on the date stated above, at 5:40 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. 19 mos. ..... ds.

CONTRIBUTORY Heart disease,
(Secondary) arteriosclerotic (duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

12-27 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/29/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks. Dr Hornstein 733 Arsquith st Wolf 1783
2700 Garrison Blvd Leb 7793

E 63636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7H-001

E 63636

1-PLACE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3106 Tuncan Place St., 27-44 WARD)

2-FULL NAME Henrietta Ball

(a) RESIDENCE No. 3106 Tuncan Place St., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of or) WIFE of William Ball

6 DATE OF BIRTH (month, day, and year) March 9th 1852

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Wm Ruse

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Opple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Elizabeth Fowler
(Address) 3106 Tuncan Place

15 Filed DEC 28 1930 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 19 30, to Dec 27, 19 30, that I last saw her alive on Dec 27, 19 30, and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornstein, M. D.

12/28, 19 30 (Address) 733 Arsquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	12/30/19 30
20 UNDERTAKER	**ADDRESS**
Wm Cook	1217 St Paul St

Spec.—1-30—M. & T.—250 Bks

E 63637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63637

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Lauretta Ave ST., 20-69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Rosenthal

(a) RESIDENCE NO. 2501 Lauretta Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Abraham Rosenthal

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Cohen
(Address) 2501 Lauretta Ave.

15 [illegible] 19 [illegible] Registrar

C 28 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1930, to Dec. 28, 1930, that I last saw her alive on Dec. 28, 1930, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Debility of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. J. Gaylin, M. D.

12/31, 19 30 (Address) 2040 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levi-Herrow Fun

DATE OF BURIAL 12-29 19 30

20 UNDERTAKER Jacob Levin

ADDRESS 1439 E. Baltimore St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63638 100-001 E 63638

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Balto City Hospitals ST. 6-10 WARD)

2-FULL NAME John Iselin

(a) RESIDENCE NO. 2605 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 10. 1867

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	9/11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Iselin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Louise Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Marie Schaefer
(Address) 2605 Jefferson St

15 [illegible] 19 ..... Registrar

C 28 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/30

17 I HEREBY CERTIFY, That I attended deceased from 12/25 19 30. to 12/27 19 30.

that I last saw h[illegible] alive on 12-25 19 30.

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy c Urinary Obstruction. Pyonephrosis, Bronco Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Luther E. Little, M. D.

..... 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem

DATE OF BURIAL Dec 29 1930

20 UNDERTAKER John Ulrich

ADDRESS 2208 Eutaw

Spec.—1-30—M. & T.—250 Bks.

E 63639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63639

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Hamilton Ave. St. 27-43 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Herbert.

(a) RESIDENCE No. 2216 Hamilton Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E Herbert

6 DATE OF BIRTH (month, day, and year) July 16-1867

7 AGE: Years 63 Months 5 Days 9 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Monitor

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Weis Kettle.

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER Conrad Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E Herbert
(Address) 2216 Hamilton Ave

15 Filed 28 1930, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25-1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1930 to Dec 23, 1930, that I last saw him alive on Dec 23, 1930 and that death occurred, on the date stated above, at 12 00 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia & T. Organ

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Brunk, M. D.

19 (Address) Mt Hope Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL Dec 29 1930

20 UNDERTAKER John Merrick

ADDRESS 2008 Aisquith

1-30—M. & T.—100 B—50L

E 63640

HEALTH DEPARTMENT—CITY OF BALTIMORE

178

CERTIFICATE OF DEATH

E 63640

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gross Pace ST., 21-29 WARD)

2-FULL NAME Paul Gross

(a) RESIDENCE No 925 Washington Blvd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth May Gross

6 DATE OF BIRTH (month, day, and year) Dec 1-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0
(c) Name of employer Bergner Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth May Gross
(Address) 925 Washington Blvd.

15 Filed ..... 192 ..... Registrar

C. HARRY JONES, M. D.
Registrar

C 28 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Smothered - burning of building
Accidental Death
..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zeller, M. D. Coroner

12/27 1930 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL Dec 29 1930.

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63641

CERTIFICATE OF DEATH.

90

E 63641

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 E. 32nd St. ST., 9-46 WARD)

2-FULL NAME Dorothy K. Frank

(a) RESIDENCE NO. 1703 E. 32nd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 5/1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) State Normal

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Philip L. Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma J. Rauschenbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Philip L. Frank
(Address) 1703 E. 32nd St.

HARRISON JONES, M.D.
Registrar

C 15 281930 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/30

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1930, to Dec 26, 1930, that I last saw her alive on Dec 26, 1930, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:
Bacterial endocarditis —

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Mitral insufficiency + Mitral Stenosis
(duration) yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phy. exam

(Signed) Frederick Krumbein, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London PK

DATE OF BURIAL Dec 29/30 19

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Cor.—10-10-29—A Co.—100 Bks.

E 63642

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-203

E 63642

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City of Baltimore: (No. Balt City Hosp St., 26-37 Ward)

2-FULL NAME Henry Copeland

(a) RESIDENCE NO. Harris Lane Colgate St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary J. Copeland

6 DATE OF BIRTH (month, day, and year) April 1896

7 AGE: Years 34 Months 8 Days ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Henry Copeland

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Henry Copeland
(Address) 2103 N. Gilmor

15 Filed DEC 23 1930 19 ..... JAMES H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day and in the above.

The CAUSE OF DEATH* was as follows: Auto he was driving had head on collision with another oncoming

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North & Pa Ave

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. J. Traum, M. D.

12/27 19 30 (Address) 2938 W. Edley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smithfield Va

DATE OF BURIAL 12-28 1930

20 UNDERTAKER Sam'l W. Chase & Son

ADDRESS 1400 Mosher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

✓ E 63643

E 63364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23-31 46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Hanover ST. ..... WARD)

2. FULL NAME Kathryn E. Ramsay

(a) RESIDENCE NO. 1302 Hanover ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence A. Ramsay

6 DATE OF BIRTH (month, day, and year): Jan 21, 1890

7 AGE: Years 41 | Months 11 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 3

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hagerstown Md

PARENTS

10 NAME OF FATHER: Emory T. McCleary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Clara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know.

14 Informant: Clarence A. Ramsay
(Address) 1302 Hanover St.

15 Filed: 1930 H. F. McK. JONES, M. D. Registrar

281830

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27, 1930, 9:20 a.m.

17 I HEREBY CERTIFY, That I attended deceased from June 17th, 1930, to Dec 27th, 1930, that I last saw her alive on Dec 26th, 1930, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of uterus and adnexa

(duration) yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary): Cachexia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted? If not at place of death? At place of death

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry Heibel M.D.

12/28, 1930 (Address) 1224-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. — DATE OF BURIAL: Dec 30, 1930

20 UNDERTAKER: C. Howard Evans — ADDRESS: 3 E. Fort Ave

Cor.—10-10-29—A Co.—100 Bks.

E 63644

E 63644

188-103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Jos Hosp St., 27-45 Ward)

2-FULL NAME Edward C Buell

(a) RESIDENCE NO. 2911 Louise Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): 9-23-1921

7 AGE: Years 9 Months 3 Days 3 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Co
(State or country):

PARENTS

10 NAME OF FATHER: Wm L. Buell

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Md

12 MAIDEN NAME OF MOTHER: Rose Chenowith

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Mrs E Buell
(Address): 2911 Louise Ave

15 Filed 19 THOMAS J. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

Fract Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Harford & Westfield

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Franz M. D.

12/27 1930 (Address) 2939 W. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: 12/29 1930

20 UNDERTAKER: L J Rush

ADDRESS: Lipton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 28 1930

Spec.—9-30—A. & Co.—250 Bks

E 63645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 63645

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Bartlett Ave ST. 9.47 WARD)

2. FULL NAME John Shea

(a) RESIDENCE No. 606 Bartlett Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Shea

6 DATE OF BIRTH (~~month, day,~~ and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Barthelomew Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Rafferty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Margaret Shea
(Address) 606 Bartlett Ave

15 Filed ....., 19 ..... C. HARRISON JONES, M. D. Registrar

28 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Dec 26, 1930 that I last saw h 2 alive on Dec 25th, 1930 and that death occurred, on the date stated above, at 9-45 a.m.

The CAUSE OF DEATH* was as follows: Chronic nephritis

Interstitial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stephen Beck M. D.

12/, 19 30 (Address) 5 Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec 27 1930

20 UNDERTAKER Mary M Winfield — ADDRESS 501 E 22d St

NOW is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63646

CERTIFICATE OF DEATH.

44

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 E. 21st St. 9-16 WARD)

2. FULL NAME Catherine B. Doyle

(a) RESIDENCE No. 515 E 21st St., WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Prof. John C. Doyle

6 DATE OF BIRTH (month, day, and year) 2-2-1858

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John O'Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER E. Battersby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Catherine Doyle
(Address) 515 E 21st St

15 Filed DEC 29 1930 HANSON JOHNS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25th 1930

17
I HEREBY CERTIFY, That I attended deceased from Nov 4, 1930, to December 25, 1930
that I last saw her alive on December 23rd, 1930
and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Gastric Carcinoma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry M. D.

12-27 1930 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetry — DATE OF BURIAL Dec 29 1930

20 UNDERTAKER Mary M. Wiedefeld — ADDRESS 501 E 22 St

TION is very important. See instructions on back of certificates.

Spec.—9-26—A. & Co.—250 Bks.

63647

HEALTH DEPARTMENT—CITY OF BALTIMORE

63647

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1715 Homestead ST. 9-46 WARD)

2-FULL NAME Laura L moore

(a) RESIDENCE NO. 1715 Homestead ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo A. moore

6 DATE OF BIRTH (month, day, and year) Jan 29 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Robert Kirwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) maryland

12 MAIDEN NAME OF MOTHER Elizabeth Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Charles Romer - daughter
(Address) 1715 Homestead St.

15 281930 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to Dec 26, 1930 that I last saw her alive on Dec 25, 1930 and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia - terminal - senile type

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

12/27 1930 (Signed) Lutz & Kimzey M. D.

(Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 29 1930

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 994 E. Eager St.

RPK

FROM is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

63648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63648

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 E. Chase ST. 10-14 WARD)

2-FULL NAME Peter E. O'Dea

(a) RESIDENCE No. 706 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 25, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Michael O'Dea

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Welby

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

14 Informant Miss Theresa E. O'Dea
(Address) 706 E. Chase St.

15 Filed DEC 28 1930 19 ..... C. ..... JONES, ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1930, to Dec 26, 1930, that I last saw ~~him~~ alive on Dec 24, 1930, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. S. Lee M.D., M. D.

12/27, 19 30 (Address) 719 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 29, 1930

20 UNDERTAKER Elmer W. Conklin — ADDRESS 924 E. Eager St.

Sper.—9-30—A. & Co.—250 Bks.

E 63649

HEALTH DEPARTMENT—CITY OF BALTIMORE

63649

CERTIFICATE OF DEATH

164

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Mt Royal ave ST. 11-24 WARD)

2 FULL NAME Minnie Kerr Coolahan

(a) RESIDENCE No. 1317 Mt Royal ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Coolahan

6 DATE OF BIRTH (month, day, and year): Mar. 24, 1840

7 AGE: Years 90 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Edward Kerr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Quinn
(Address) 1317 Mt Royal ave

15 Filed DEC 28 1930 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1930, to Dec 27th, 1930 that I last saw her alive on Dec 26, 1930 and that death occurred, on the date stated above, at 12.40 a m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): old age

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ?

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) N. L. Reybold, M. D.

Dec 27th 1930 (Address) Wentworth apts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Dec. 30, 1930

20 UNDERTAKER: John A. Moran

ADDRESS: 3000 E. Balto St.

DEC 28 1930

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Donald L. Hayes

E 63650

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63650

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Mem. Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 9-47 WARD)

2-FULL NAME Donald L Hayes

(a) RESIDENCE NO. 46 Pleasant ST ST., ... WARD Kennebunk Maine

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 2, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER Arthur H. Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Nellie Venell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rhode Island

14 Informant Mrs Hayes.

(Address) Kennebunk Maine.

15 Filed 2 8 1930 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930, to Dec 27, 1930, that I last saw him alive on Dec 27, 1930, and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows: Bilateral Lobar Pneumonia

(duration) ....yrs. ....mos 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of? .....

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Samuel McLanahan M. D.

Dec 27 1930 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kennebunk Maine

DATE OF BURIAL 12/28 1930

20 UNDERTAKER J. J. Paley & Sons

ADDRESS 1318 Light St

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 63651

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 12-50 St. (George H. Wagner) WARD)

2 FULL NAME George Wagner

(a) RESIDENCE No. 331 E. Lorraine Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Married~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annetta L. Wagner ~~Anettie Wagner~~

6 DATE OF BIRTH (month, day, and year) Unknown 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	75			

8 OCCUPATION OF DECEASED Retired Engineer

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Pikesville Md.

PARENTS

10 NAME OF FATHER Geo. H. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 1930 C. HARRISON JONES, M. D. Registrar

2 6 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-30

17 I HEREBY CERTIFY, That I attended deceased from 12-17-30, 19..., to 12-26-30, 19..., that I last saw him alive on 12-26-30, 19..., and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum (duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension UNKNOWN (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam

(Signed) Paul Padget M. D.

12-27 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec. 29 1930

20 UNDERTAKER Joseph R. Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63652 129 E 63652

REGISTERED NO.

1—PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its name instead of street and number.)

CITY OF BALTIMORE: (No. ST., 16-68 WARD)

2—FULL NAME Norval M. Marriott

(a) RESIDENCE NO. 216 E. University Pkway WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	70	–	–	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Loan Business

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Brazilian Marriott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Lutheuem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Dr. Herbert Blake
(Address) 216 E. University Pkway

15 Filed 2-8-1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1930, to Dec 27, 1930 that I last saw him alive on Dec 26, 1930 and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myocarditis
Chronic Nephritis

(duration) 12 yrs. – mos. – ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Coleman, M. D.

, 19 (Address) West Balto Sanitorium

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Dec 29, 1930

20 UNDERTAKER Wm Heaney & Son

ADDRESS Baltimore

See instructions on back of certificates. Exact statement of OCCUPATION is very important. Also CAUSE OF DEATH must be clearly classified.

1-30—M. & T.—100 B—50L

E 63653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 63653

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Riggs ST., 1668 WARD)

2-FULL NAME Ruth Ann Wright.

(a) RESIDENCE NO 2903 Riggs ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30-1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Jas. Wright

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Augusta Bonner

13 BIRTHPLACE OF MOTHER (city or town) W. Va.
(State or country)

14 Informant Augusta Wright
(Address) 2903 Riggs St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Virulent

(Signed) ..... M. D. Coroner

Dec 27th 1930 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cem. Govans

DATE OF BURIAL Dec 29, 30

20 UNDERTAKER Wm. T. DeNeufville Sons

ADDRESS North & P

DEATHS MUST BE REPORTED WITHIN 3 DAYS. NO. 3

DEC 31 1930 C. HARRY JONES, M. D. Registrar

TION is very important. See instructions on back of certificate.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

be stated EXACTLY. PHYSICIANS should state

Spec.—1-30—M. & T.—250 Bks.

2436 20

E 63654

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002 E 63654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME John L Palmer

(a) RESIDENCE No. 35 Bellewood Place ST., ... WARD Elizabeth N J
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced (write the word)~~ ~~Unknown~~ Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 15 - 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 630

(c) Name of employer Amer Cyanamid Co.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER A C Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah Sellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address)

Filed ..... 19 ..... Registrar

EC 28 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-27-30

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1930, to Dec 27, 1930, that I last saw him alive on Dec 27, 1930, and that death occurred, on the date stated above, at 10 25 p m.

The CAUSE OF DEATH* was as follows:

septicemia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) broncho-pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? hut - mucous colitis, mesal section

Did an operation precede death? yes Date of 11-18-30 over

Was there an autopsy? yes

What test confirmed diagnosis? not confirmed

(Signed) John A Cornelius Cole, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisonburg Va.

DATE OF BURIAL Dec 28 1930

20 UNDERTAKER Wm. J. Tickner & Sons

ADDRESS N & Pa

Spec. 2-29-28—L. F. S.—500 Blks.

E 63655

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-0012

E 63655

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John. Bowers.

(a) RESIDENCE NO. 704 Beaumont Ave ~~ST.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Bessie L. Lee

6 DATE OF BIRTH (month, day, and year) April 14, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: 045

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John. H. Bowers.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Orndorff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital records

(Address)

15 Filed ..... 19 ..... Registrar

281930 HARRY JONES, U. S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 - 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1930, to Dec. 28, 1930, that I last saw him alive on Dec 28, 1930 and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bilateral Lobar)

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) ~~Emphysema~~ c Cellulitis left leg (duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12/22/30

Was there an autopsy? yes

What test confirmed diagnosis? Bacteriologic exam.

(Signed) Robert J. Chenault, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wriders Cemn.

DATE OF BURIAL: 12/31 1930

20 UNDERTAKER: H. Bankard & Son

ADDRESS: Waterworks

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63656

E 63656

CERTIFICATE OF DEATH.

113

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 4-30

2-FULL NAME Raymond Wells

(a) RESIDENCE NO. Ellicott City Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19, 1930

7 AGE: Years ~~11~~ Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mary Good Raymond Wells

PARENTS

10 NAME OF FATHER: Raymond Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Ethel Merson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hosp Record
(Address)

15 Filed: C 29 1930 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1930, to Dec 28, 1930, that I last saw him alive on Dec 28, 1930, and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute intestinal intoxication

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Causes & physical findings

(Signed) Jeorge Yager, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Cem

DATE OF BURIAL: 12-30, 1930

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

FOR IMPORTANT INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 63657

REGISTERED NO. E 63657

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N. Montford ST., WARD) 8-16

2—FULL NAME Margaret Grasser

(a) RESIDENCE NO. 1513 N Montford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Grasser

6 DATE OF BIRTH (month, day, and year): March 31 24, 1867

7 AGE: Years 63 Months 8 Days 22 24 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 37

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Sebastian Pfrister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John G Grasser
(Address): 3308 Batavia Ave

15 FILED DEC 29 1930 C. HOWARD JONES, Registrar.

DEC 29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 25 1930

17 I HEREBY CERTIFY, That I attended deceased from December 23, 1930, to December 25, 1930, that I last saw h alive on December 25, 1930, and that death occurred, on the date stated above, at 1 57 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sptg.

(Signed) Thos. F. Stearns, M. D.

12/25, 1930 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Dec 29 1930

20 UNDERTAKER: Frank Brooks Son

ADDRESS: 1906 Walbrook Ave

Cor.—10-10-29—A Co.—100 Bks.

E 63658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63658

CERTIFICATE OF DEATH

159-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., ... Ward) 7-9

2-FULL NAME Elizabeth Mally

(a) RESIDENCE NO. 12 Oriole Ave., Colgate Md. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19/1928

7 AGE: Years 2 | Months 8 | Days 7 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Colgate, Md.

PARENTS

10 NAME OF FATHER Joseph Mally

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Austria

12 MAIDEN NAME OF MOTHER Catherine Mox

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Joseph Mally
(Address) Colgate, Md.

15 Filed ..... 19..... [illegible], Registrar

C 29 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Micro-Cephalic Convulsions

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mentally Deficient

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? (Lumbar Puncture negative)

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

Dec. 27/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 29 1930

20 UNDERTAKER [illegible] & Son 916 — ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ **E 63659**

CERTIFICATE OF DEATH

E 63659

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N Ensor ST., _____ WARD) 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Fisher

(a) RESIDENCE NO. 1009 N Ensor ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of John Fisher

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House, domestic

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys co, Md

PARENTS

10 NAME OF FATHER Thos. Bean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Susie Smith

(Address) 16 Hill St. Eager St.

15 Filed 2-3-1930 19 HERMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930, to Dec 26, 1930, that I last saw her alive on Dec 26 1930 and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) L. Edward Fisher, M. D.

12-27 1930 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL Dec 29 1930

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Druid Park Ave

Spec.—1-10-21—M&T—1500 Bks.

E 63660

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63660

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1313 Hatbury ave ST., ... WARD)

2-FULL NAME Mrs. ~~Katie~~ Mordella Martin

(a) RESIDENCE NO. above ST., 27 27-54 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H Martin

6 DATE OF BIRTH (month, day, and year): Nov 10, 1875

7 AGE: 55 Years; 1 Months; 17 Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Husband (Address) 1313 Hatbury ave

15 Filed ..... JONES, ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to ....., 19..., that I last saw her alive on 12/27, 1930, and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage of Brain due to Myocardial Disease sick 3 days - accidently 12 years old (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Varicose Veins (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test (confirmed diagnosis)? Clinical

(Signed) Guy T. Cassidy, M. D.

(Address) 1 Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom Pa.

DATE OF BURIAL: Dec 30 1930

20 UNDERTAKER: Chenowith Son

ADDRESS: 3615 Chestnut ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Amanda Thom ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63661

CERTIFICATE OF DEATH.

90 E 63661

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1644 Vincent ST., ... WARD) 15-21

2-FULL NAME Amanda Thomas

(a) RESIDENCE NO. 1644 Vincent ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 50 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home.

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Ed. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Downey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ray Butler
(Address) 1644 Vincent St.

15 Filed ..... 19..... C. ..... JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/29/30

17 I HEREBY CERTIFY, That I attended deceased from 12/27, 1930, to 12/29, 1930, that I last saw h. alive on 12/29, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Organic Heart Dis.

Coma (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Thom, M. D.

(Address) 524 Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 12-29, 1930

20 UNDERTAKER: Lewis & Cushing

ADDRESS 716 Eu Ave.

DEC 67 330

Spec.—1-30—M. & T.—250 Bks

E 63662 HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 63662

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST., ... WARD) 17-26

2-FULL NAME (Mary) Elizabeth Barnes

(a) RESIDENCE NO. 433 N. Fremont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/18/07

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dishwasher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Villas Barnes

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith Tabbs

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Hospital Records
(Address) Balto. City Hospitals

15 Filed ..... 19.. C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/30

17 I HEREBY CERTIFY, That I attended deceased from 11/3/30, 19.., to 12/26/30, 19.., that I last saw h alive on 12/26/30, 19.., and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY
(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Jenner, M. D.

12/26/30 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 12-29 1930

20 UNDERTAKER Lewis Carter

ADDRESS 916 Penn

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63663

CERTIFICATE OF DEATH

52

E 63663

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Argyle Av ST., ... WARD)

2-FULL NAME Walter S Goines

(a) RESIDENCE No. 1134 Argyle Av ST., 17-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Sam. Goines

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Marie Maggie

13 BIRTHPLACE OF MOTHER (city or town) N. C. (State or country)

14 Informant Wm Goines

(Address) 1134 Argyle Av

15 2 31930 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonic Pneumonia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) C. H. Jones, M. D. Coroner

(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lucian Cem

DATE OF BURIAL 12-29 1930

ADDRESS 716 Pa ave

20 UNDERTAKER Reuben Cortes

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 63664

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63664

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 7-13

2. FULL NAME Estelle Doyle

(a) RESIDENCE No. 812 N. Washington St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 1876 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Harris

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Armayd Merk

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 [illegible] HARRISON JONES, M. D. Registrar

C 29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-30

17 I HEREBY CERTIFY, That I attended deceased from 12-25-30, 19..., to 12-27-30, 19... that I last saw her alive on 12-27-30, 19... and that death occurred, on the date stated above, at 12:25 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgat M. D.

12-27 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 12/29/1930

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63665

E 63665

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Cross ST., WARD) 21-29

2-FULL NAME Mitchell Tipton

(a) RESIDENCE NO. 731 N. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced ~~(a) WIFE~~ HUSBAND of Elizabeth Tipton

6 DATE OF BIRTH (month, day, and year) Nov 3-1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
63	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Packer.

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Tinder Co.

9 BIRTHPLACE (city or town) (State or country): Monkton Md.

PARENTS

10 NAME OF FATHER: Ira Tipton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Monkton Md

12 MAIDEN NAME OF MOTHER: Annie Passey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Monkton Md

14 Informant: Mrs E. Tipton (Address) 731 N. Cross.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 26, 1930, that I last saw him alive on Dec 26, 1930, and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) H. C. H. Campbell M. D.

Dec 27, 1930 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 12/29/30

20 UNDERTAKER: Geo Leembach

ADDRESS: 521 N. Lynchburg St

TION is very important. See instructions on back of certificates.

DEC 29 1930

Spec.—1-30—M. & T.—250 Bks

63666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 63666

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 h Lafayette Ave STREET) WARD)

2-FULL NAME Bertha Peters

(a) RESIDENCE No. 1516 h Lafayette Ave STREET 8-16 WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Dec 19, 1930

7 AGE: Years _____ Months _____ Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick Augustus Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Bertha Catherine Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Bertha C. Peters
(Address) 1516 h Lafayette Ave

15 Filed _____ 19 _____ Registrar

C 291930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28, 1930

17 I HEREBY CERTIFY, That I attended deceased from December 24, 1930 to December 28, 1930, that I last saw her alive on December 28, 1930, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. _____ mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert A. Dunlop, M. D.

19 _____ (Address) 1516 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Dec 30, 1930

20 UNDERTAKER: Geo M. Smith & Son

ADDRESS: 811 N Wolfe

Spec.—1-30—M. & T.—250 Bks.

E 63667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 63667

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Druid Hill Ave. ST., ... WARD) 17-25

2-FULL NAME Annie Garrison

(a) RESIDENCE No. 417 Druid Hill Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Garrison

6 DATE OF BIRTH (month, day, and year) Sept ? 1850

7 AGE: Years 80 | Months 3 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer md.

9 BIRTHPLACE (city or town) (State or country) .....

PARENTS

10 NAME OF FATHER Edward Flowder

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Clara Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Sallie Robinson
(Address) 417 Druid Hill Ave.

15 Filed ..... Registrar

C 29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1930, to Dec 26th, 1930, that I last saw her alive on Dec 25, 1930; and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis of Heart — or Hypertention

(duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

1928 1930 (Address) 1916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec. 29 1930

20 UNDERTAKER John M. Johnson

ADDRESS 2338 Madison Av.

Spec.—8-24-14—M. & T.—2000 Bks.

E 63668

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63668

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5717 Bellona Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Brinkman.

(Residence in Baltimore: No. 5717 Bellona Ave St.; 62 yrs., 8 mos. 14 ds.)

27-48

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, April (Month) 15 (Day), 1868 (Year)

7-AGE, 62 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles F. Brinkman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophie Uthman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ada C. Beaver

(Address) 101 Englewood Ave Woodlawn

15-

Filed ....., 191.... JAMES W. JONES, M. D. Registrar.

C 291936

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 27 (Day), 1930 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/27 1930, to Dec 27 1930, that I saw him alive on Dec 27 1930, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

2 hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hypertension (4 yrs)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Wochner M. D.

12/28 1930 (Address) 5805 Gwynn Oak

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Dec 30, 1930

20-UNDERTAKER J. Lucker Jones

ADDRESS Forest Park

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 63669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168

E 63669

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1256 Washington Boulevard St., 21-29 Ward)

2-FULL NAME Chas Taylor

(a) RESIDENCE NO. 1256 Washington Boulevard St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE: Years 50 Months . Days ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md
(State or country)

PARENTS

10 NAME OF FATHER John H Taylor

11 BIRTHPLACE OF FATHER (city or town) Annapolis Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Baynes

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto, Md

14 Informant ~~Police~~ John H. Taylor
(Address) Brooklyn Md

15 Filed ..... 19 C. HERBERT JONES Jr. Registrar

C 261830

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide - by Hanging

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas H Brooke M. D.

Dec 27 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 29 1930

20 UNDERTAKER George W Zickler

ADDRESS 1737 E. Eager st.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63670

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

E 63670

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. 3 E. ST., WARD) 13-59

2-FULL NAME Sadie R. Rosenheim

(a) RESIDENCE No. Riviera Apts. 3 E. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Rosenheim

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	67	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Gerson Rosenstock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Katzenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Leon Strauss

(Address) Fords Lane

15 Filed DEC 29 1930 WILLIAM JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 19 30, to Dec 29, 19 30, that I last saw her alive on Dec. 29, 19 30, and that death occurred, on the date stated above, at 1 15 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Dilitation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Examinations

(Signed) Eugene Feopold, M. D.

, 19 (Address) 200 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 12/30/ 1930

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 Dr. E. W. Athey

E 63671

E 63671

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 400 S. Patterson Park Ave. I WARD)

2—FULL NAME Bridget A. Lind.

1-3

(a) RESIDENCE NO. 400 S. Patterson Park Ave. I WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

1a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael A. Lind.

6 DATE OF BIRTH (month, day, and year) Nov. 24th. 1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
68	I	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Domonick Reagan.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Winifred Hurst.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Michael A. Lind.
(Address) 400 S. Patterson Park Ave.

15 Filed 29 1930 Thos. J. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 / 30

17 I HEREBY CERTIFY, That I attended deceased from October 11, 1930, to December 27th, 1930, that I last saw her alive on December 27, 1930 and that death occurred, on the date stated above, at 8/30 P.M.

The CAUSE OF DEATH* was as follows:

Multiple Cystic Adeno Carcinoma (Pelvic)

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary).

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Caleb W. Athey, M. D.

Dec 29, 1930 (Address) 100. S. Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathederal Cemetery

DATE OF BURIAL Dec. 30 / 30.

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

Cor.—10-10-29—A Co.—100 Bks.

63672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63672

CERTIFICATE OF DEATH

199

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Mem Hosp St., ... Ward)

2-FULL NAME Nellie Reardon

(a) RESIDENCE NO. 2306 W. Fayette St. 20-69 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 30; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jno J Reardon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Adam Geary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Dept Rec
(Address)

Filed ..... 193.. ..... Registrar

C 291930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto in which she was riding collided with another auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fract Rib - R. Chest - Rupt Liv. Shock Emphysema - Gas Bacilli (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Nayland & Hawthorne

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. J. Frame, M. D.

12/29 1930 (Address) 2139 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 12/30 1930

20 UNDERTAKER: George A. Farley

ADDRESS: Fulton & Fayette

C. HANSON JONES, M. D., Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

63673

CERTIFICATE OF DEATH

90 E 63673

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 St Paul ST., ... WARD) 12-50

2—FULL NAME Mary V. Mills

(a) RESIDENCE NO. 2727 St Paul ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Edward Porter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Weigert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant James North
(Address) 2727 St Paul St

15 2 9 1930 16 C. 19 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930, to Dec 27-, 1930, that I last saw h.....w alive on Dec 27, 1930 and that death occurred, on the date stated above, at 7 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) Survival x yrs. mos. — ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No -

What test confirmed diagnosis? None

(Signed) Chas W Lawrence, M. D.

Dec 29 1930 (Address) 1327 Park Ave - Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 29 1930

ADDRESS 1532 Hollins

20 UNDERTAKER George J Smith

Spec.—1-30—M. & T.—250 Bks.

HULLIVAN

E 63674 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63674

CERTIFICATE OF DEATH. 74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., WARD)

2-FULL NAME Mary Hullivan

(a) RESIDENCE NO. Preston + Valley ST., 10-14 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Peter Hullivan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Kinnegan

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Little Sisters of the Poor
(Address) Preston + Valley St

15 Filed 2 9 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930, to 12/28, 1930, that I last saw h alive on 12/29, 1930, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ....yrs. ....mos 8 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr Bernard Wise, M. D.

12/29/30 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Patrick Cemetery

DATE OF BURIAL Dec 30 1930

20 UNDERTAKER Henry Hauck Sons Inc

ADDRESS 301 E Eager St

Spec.—1-30—M. & T.—250 Bks.

E 63675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63675

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. ST., WARD)

2-FULL NAME Mrs. Mary Neubauer

(a) RESIDENCE NO. 1241 E. Eager St. WARD 10-14

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frederick Neubauer

6 DATE OF BIRTH (month, day, and year) Not Kn

7 AGE Years 37 Months — Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Reitner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Kn

13 BIRTHPLACE OF MOTHER (city or town) Not Kn (State or country)

14 Informant Mr. Frederick Neubauer

(Address) 1241 E. Eager St.

EC 291550

Filed ..... 19 THOMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1930, to Dec. 27, 1930, that I last saw her alive on Dec. 27, 1930 and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Labor Premature — Bilateral

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Hendry M. D.

12/2/, 1930 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec. 30, 1930

20 UNDERTAKER Harry Hoch Sons, Inc.

ADDRESS 1301 E. Eager

Spec.—9-30—A. & Co.—250 Bks.

E 63676 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63676

CERTIFICATE OF DEATH

129

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. ..... WARD)

2-FULL NAME Mrs Mary Hyland. 27-48

(a) RESIDENCE No. 418 Rosebank Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth 50 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 ~~Single, Married, or Divorced~~, Widowed, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James T. Hyland

6 DATE OF BIRTH (month, day, and year) May 25 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John McCloskey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Kearney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. McCloskey
(Address) 418 Rosebank Ave.

15 C. HAMPSON JONES, M. D. Registrar

C 29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/30

17 I HEREBY CERTIFY, That I attended deceased from Dec-27, 1930, to Dec 28, 1930 that I last saw her alive on Dec 28, 1930 and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Nephritis Coma.

(duration) x yrs. x mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas D. Stites Jr M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Long Green Md. — DATE OF BURIAL: 12/30 1930

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 1827 N. Monroe Ave

HOW is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63677

129

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Potomac ~~Sts~~ WARD)

2 FULL NAME Barbara C Robinson

(a) RESIDENCE NO. 720 S Potomac St WARD 14
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C Robinson

6 DATE OF BIRTH (month, day, and year) Dec 11 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Magotty A & C Md

PARENTS

10 NAME OF FATHER Joshua Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mitella Ashbank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Joseph H Robinson (Address) 720 S Potomac St

15 DEC 29 1930 BENJAMIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1930

17 I HEREBY CERTIFY. That I attended deceased from Nov 12, 1930, to Dec 27th, 1930. that I last saw her alive on Dec 27th, 1930. and that death occurred, on the date stated above, at 12 Noon. The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Fod M. D.

19 (Address) 4700 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Magotty Cemetery A & C Md — DATE OF BURIAL Dec 29 1930

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

PLEASE READ CAREFULLY THE INSTRUCTIONS ON BACK OF CERTIFICATE. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63678

CERTIFICATE OF DEATH

197

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE-(No. Providence Hosp. ST. 14-20 WARD)

2-FULL NAME Clara Lavinia Husen

(a) RESIDENCE No. Corkeytown Willet Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ..... ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo E. Husen

6 DATE OF BIRTH (month, day, and year) Oct 15-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	49	2	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pretto Co

PARENTS

10 NAME OF FATHER Elias Swany

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pretto Co

12 MAIDEN NAME OF MOTHER Mary E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Geo E. Husen

(Address) Corkeytown Md

15 Filed ..... 192 ..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to fire that burned of back (duration) yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Corkeytown Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) E. E. Leach, M. D. Coroner

(Address) Corkeytown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baughman's

DATE OF BURIAL Dec 30 1930

20 UNDERTAKER W. C. Brooks & Son

ADDRESS Sparks

TION is very important. See instructions on back of certificate.

DEC 31 '30

1-30—M. & T.—100 B—50L

E 63679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63679

CERTIFICATE OF DEATH

125

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. ST., ... WARD)

2-FULL NAME Annie Booth 11-24

(a) RESIDENCE NO 915 McCulloh ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of NS

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	-		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp Record

Address Prov Hosp

DEC 29 1930 HARRISON JONES

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) ..... yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date

Was there an autopsy? Autopsy

What test confirmed diagnosis? Autopsy

(Signed) H. Schulz, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec 29 1930

UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63680

CERTIFICATE OF DEATH

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Wilkens Ave ST., WARD)

2—FULL NAME Thomas J. Burke

(a) RESIDENCE NO. 413 Wilkens Ave ST., 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) widower

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine Burke

6 DATE OF BIRTH (month, day, and year) May 21-1867

7 AGE Years 63 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tool-Cooper

(b) General nature of industry, business, or establishment in which employed (or employer) Monitor Controller Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Elmer Moore
(Address) 413 Wilkens Ave

15 FILED DEC 29 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Dec 27, 1930, that I last saw him alive on Dec 27, 1930 and that death occurred, on the date stated above, at 9:45 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Lovell, M. D.

12/28 1930 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec 29, 1930

20 UNDERTAKER Elmer W. Coffell

ADDRESS 924 E. Eager St.

EC 29 1930

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63681

CERTIFICATE OF DEATH.

74-001

E 63681

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST ..... WARD) 2-4

2. FULL NAME Mary Gryczt

(a) RESIDENCE No. 1612 Fleet St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mes. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 67; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Jankowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Eva Nikowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Records of (Address): Balto. City Hosp.

15 C. HARRISON JONES, M.D. Registrar

DEC 29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-30

17 I HEREBY CERTIFY, That I attended deceased from 12-23-30, 19..., to 12-27-30, 19...

that I last saw her alive on 12-27-30, 19...

and that death occurred, on the date stated above, at 12:35 A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhages into cerebrum (multiple)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension (duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

12-27 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary DEC 31 1930

DATE OF BURIAL

20 UNDERTAKER: F. W. Ozazewski 1930 Eastern

ADDRESS

See instructions on back of certificates.

TION is very important.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63682

CERTIFICATE OF DEATH

45 E 63682

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2046 Linden Ave ST., WARD)

2—FULL NAME Margaret Hester Dize 14-20

(a) RESIDENCE NO. 2046 Linden Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John W. Dize

6 DATE OF BIRTH (month, day, and year) April 3-1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	91	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Smiths Island
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John H. Marshall

11 BIRTHPLACE OF FATHER (city or town) Smiths Island
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ellen Evans.

13 BIRTHPLACE OF MOTHER (city or town) Smiths Island
(State or country) Maryland.

14 Informant Fred Gibbons
(Address) 2046 Linden Ave

DEC 29 1930

Filed ....., 19.... HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28-1930

17 I HEREBY CERTIFY, That I attended deceased from December 5-, 1930, to December 28, 1930, that I last saw her alive on December 28, 1930 and that death occurred, on the date stated above, at 11:15 a. m.

The CAUSE OF DEATH* was as follows:

Duodenal Carcinoma

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

12-28, 1930 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenfield Md

DATE OF BURIAL 12. 30 1930

20 UNDERTAKER Harry C Browning

ADDRESS 1136 Poplar opposite st

Spec.—1-30—M. & T.—250 Bks

E 63683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63683

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Stanwood Ave St. ..... WARD) 26-47

2-FULL NAME Elizabeth Fischer

(a) RESIDENCE No. 4311 Stanwood Ave St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 50 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Fischer

6 DATE OF BIRTH (month, day, and year) Mar 17. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John E. Reibert (Address) 4311 Stanwood Ave

15 Filed 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/30

17 I HEREBY CERTIFY, That I attended deceased from 12/26, 1930, to 12/28, 1930, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - generic arterio sclerosis

(duration) 10 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical sign

(Signed) James Brown, M. D.

, 19 (Address) 703 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Dec 30 1930.

20 UNDERTAKER Mr. Jno. W. Teufel & Son

ADDRESS 201 W. Fayette St.

Spec.—1-30—M. & T.—250 Bks

E 63684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 63684

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST., WARD)

2-FULL NAME Charles R. Gantt

(a) RESIDENCE NO. 1014 Hanover St. ST., 23-31 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/29/89

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Gantt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carry McCall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed DEC 29 1930, 19 HERMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/30

17 I HEREBY CERTIFY, That I attended deceased from 12/5/30, 19, to 12/26/30, 19, that I last saw him alive on 12/26/30, 19, and that death occurred, on the date stated above, at 6 50 A.m.

The CAUSE OF DEATH* was as follows: Acute Caseous Pneumonia

(duration) yrs. 1 mos da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) David Seiner, M. D.

12/26/30 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Dec 30, 19 30

20 UNDERTAKER Wm. H. Pierce & Son

ADDRESS 1400 Mosher

Spec.—1-30—M. & T.—250 Bks

E 63685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 63685

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N Carrollton ST., ... WARD) 18-26

2-FULL NAME Alice Olive

(a) RESIDENCE No. 318 N Carrollton ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-21-28

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	2	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Krzyolum

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ethel Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Louisa Hardwick
(Address) 318 N Carrollton Ave

15 Filed DEC 29 1930 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-30

17 I HEREBY CERTIFY, That I attended deceased from 12-21-, 1930, to 12-27, 1930, that I last saw h. alive on 12-27-, 1930, and that death occurred, on the date stated above, at 9:15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
Pulmonary

(duration) ..... yrs. ..... mos 10 da.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. L. Jackson M. D.

, 19 (Address) 600 Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Dec. 29, 1930

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3224 Schroeder St

C 291939

Cor.—10-10-29—A Co.—100 Bks.

E 63686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159-002

E 63686

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1211 W Fairmont Ave. Ward) 18-26

2-FULL NAME Jas. Simmons

(a) RESIDENCE NO. 1211 W. Fairmont st. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1930

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Bath
(State or country) Md

PARENTS

10 NAME OF FATHER Elmer J. Simmons

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen Cornett

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Helen Cornett
(Address) 1211 Fairmont

15 Filed DEC 29 1930 C. HAWSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Congenital heart deformity non-closure of foramen ovale

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Charles F. Brooke M. D.

Dec 29 1930 (Address) Brooklyn Md

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Dec. 29 1930
20 UNDERTAKER	ADDRESS
Mr. Katie R. Williams	322 N Schroeder St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63687

CERTIFICATE OF DEATH

90 ✓

REGISTERED NO. E 63687

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 W. Saratoga ST., WARD) 4-25

2—FULL NAME Concetta Serio

(a) RESIDENCE NO. 633 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Giovanmaria Serio

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 72 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Italy.

PARENTS

10 NAME OF FATHER: Dominic Serio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Sara Serio.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Antonio Serio
(Address) 4500 Harrison Blvd.

15 Filed ___ 19 ___ G. HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 28, 1930

17 I HEREBY CERTIFY, That I attended deceased from December 26, 1930, to December 27, 1930, that I last saw he alive on December 27, 1930 and that death occurred, on the date stated above, at 12 15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease - aortic and mitral insufficiency.

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiovascular Disease (duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. A. Tummiello, M. D.

, 19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Dec 30 1930

20 UNDERTAKER: W. M. Coulson

ADDRESS: 2238 N. Mtn.

Spec.—1-30—M. & T.—250 Bks.

E 63688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 63688

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., ... WARD)

2-FULL NAME Albert Cassedy Cassedy

(a) RESIDENCE NO. 102 S. Chapel St. ST., ... WARD 2-4

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Julia Cassedy

6 DATE OF BIRTH (month, day, and year): March 5 1892

7 AGE: Years 38 Months 9 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Albert Cassedy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Julia Cassedy (Address) 102 S. Chapel St.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26-30

17 I HEREBY CERTIFY, That I attended deceased from 12-16-30, 19..... to 12-26-30, 19.....

that I last saw him alive on 12-26-30, 19.....

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Lawrence Mileva, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: Dec 30 1930

20 UNDERTAKER: M. W. E. Dippel Inc

ADDRESS: 32 Lexington

FOR A VERY IMPORTANT USE, SEE INSTRUCTIONS ON REVERSE SIDE

FEB 29 1936

Spec.—1-30—M. & T.—250 Bks.

50260

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002 E 63689

CERTIFICATE OF DEATH.

E 63689

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balti Gen Hosp ST. ..... WARD)

2-FULL NAME Joseph Bayline

(a) RESIDENCE NO. 329 E. Hamburg ST., 24-33 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Bayline

6 DATE OF BIRTH (month, day, and year) Jan 19 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Bayline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Frank Bayline
(Address) 329 E Hamburg St

15 Filed DEC 29 1930 Wm. Jos. Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1930, to Dec 28, 1930, that I last saw him alive on Dec 28, 1930, and that death occurred, on the date stated above, at 9:15 P.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Embolism

(duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Embolic suppurative left Mastitis (duration) ..... yrs. ..... mos. 9 ..... ds. over

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Dec 10-1930

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Wm. J. Sullivan, M. D.

, 19 (Address) So Balti Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Dec 31 1930

20 UNDERTAKER M. W. E. Deppler

ADDRESS 378 Carroll

Spec.—9-30—A. & Co.—250 Bks.

E 63690 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63690

CERTIFICATE OF DEATH.

74-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. ..... WARD) 19-26

2. FULL NAME Teresa R. Clark

(a) RESIDENCE No. 18 N. Carey St. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James G. Clark

6 DATE OF BIRTH (month, day, and year): Nov. 25. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Christopher Hartgens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: James G. Clark Sr.
(Address) 18 N. Carey St.

Filed 29 1930, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28. 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930, to Dec 28, 1930 that I last saw her alive on Dec 28, 1930 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Henry R. Cable M. D.

19 (Address) 1203 N. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19A PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Dec 30 1930

20 UNDERTAKER: John A. Mitchell & Son — ADDRESS: 1900 Eutaw Place

(...TION is very important. See instructions on back of certificates.)

Spec.—1-30—M. & T.—250 Bks.

E 63691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63691

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Vivian Alexander 13-51

(a) RESIDENCE NO. 822 W. 32nd ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George H. Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Virgie Mae Music

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Hospital Records
(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1930.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1930, to Dec. 26, 1930, that I last saw her alive on Dec. 26, 1930, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Syphilitic Meningitis

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Lesions, punctures + Wassermann

(Signed) Samuel McLanahan, M. D.

12-26 1930 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL DEC 26 1930

20 UNDERTAKER .....

ADDRESS .....

29 1930 9319

C. Harrison Jones, M. D.
Commissioner of Health.

Spec.—1-30—M. & T.—250 Bks

E 63692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63692

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

4-25

2-FULL NAME Levy Thomas

(a) RESIDENCE NO. 651 Fairmount ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth? Unknown mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Thomas

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Order boy

(b) General nature of industry, business, or establishment in which employed (or employer) Market

(c) Name of employer Unknown

086

9 BIRTHPLACE (city or town) Antiga
(State or country) British Isles

PARENTS

10 NAME OF FATHER Simon Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Antiga, B.I.

12 MAIDEN NAME OF MOTHER Beccy ?

13 BIRTHPLACE OF MOTHER (city or town) Antiga
(State or country) British Isles

14 Informant Hospital Records
(Address) UNIVERSITY OF MARYLAND

15 Filed DEC 29 1930, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 19 30, to Dec. 24, 19 30, that I last saw him alive on Dec. 24, 19 30, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Tenner, M. D.

12-24 30 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER Health Commissioner

DEC 29 1930

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63693 | E 63693

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

REGISTERED NO. 181-001

CITY OF BALTIMORE: (No. Linden & Madison ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Anderson

(a) RESIDENCE NO. 123 S. South ST., WARD 4-6
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25, 1872

7 AGE: Years 58 | Months | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O.H.O.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Betty Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records

(Address)

15 Filed DEC 29 1930, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Dec 29, 1930, that I last saw him alive on Dec 29, 1930, and that death occurred, on the date stated above, at 3:34 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Robert V. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: DEC 29 1930

20 UNDERTAKER: Commissioner Health

ADDRESS

Dec 29 1930

Pat. Wm. B. 60224

Spec.—1-30—M. & T.—250 Bks.

243 501

E 63694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63694

CERTIFICATE OF DEATH.

161-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST., ... WARD) 6-9

2-FULL NAME Baby Boy Blunt

(a) RESIDENCE NO. 420 N. Hallas ST., St WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ..... Months ..... Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Richard Blunt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amanda White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 29 1930, 19..... C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Dec 24, 1930, that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 10-28 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos 4 hrs. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? History and Physical Findings

(Signed) Ann G. Kittner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS DEC 29 1930

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63695

CERTIFICATE OF DEATH

90

E 63695

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Hollins St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

19-28

2—FULL NAME Sarah Elizabeth Harkness

(a) RESIDENCE NO. 1708 Hollins St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: George Harkness

6 DATE OF BIRTH (month, day, and year): September 30, 1851

7 AGE: Years 79 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Jacob Gabriel Baitzell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hartman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Miss Bessie Haskell

(Address) 1708 Hollins St.

15 Filed 2 9 1930, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 28, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Dec 28, 1930

that I last saw her alive on Dec 28, 1930

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) M. J. Hanna, M. D.

12/29 1930 (Address) 1822 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec. 30 1930

20 UNDERTAKER: Taylor & Cook

ADDRESS: 1003 West Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

E 63696 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63696

CERTIFICATE OF DEATH.

91-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Little Sisters of the Poor ST., WARD) 10-14

2-FULL NAME Maurice Inglehart

(a) RESIDENCE NO. Preston & Valley ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 21st 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edmund Inglehart

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Compton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley

15 9 1930 .19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/20 .1930., to 12/29 .1930. that I last saw h alive on 12/28 .1930., and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Senility

Cerebrum (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff, M. D.

12/31 1930 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 30 1930

20 UNDERTAKER Rita Windefield

ADDRESS 914 Gruman Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Weiss)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63697

E 63697

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 353 S Bentalou ST.; WARD)

2-FULL NAME Louis M Weiss 20-69

(a) RESIDENCE. NO. 353 S Bentalou ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Wh

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) May 21 1871

7 AGE Years 59 Months 4 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED Housewife

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Austria
(State or country)

PARENTS

10 NAME OF FATHER Edward Grunfeld

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Seifert

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

14 Informant Mrs Marie Tamm
(Address) 353 S Bentalou St

Filed DEC 29 1930 C. HUNSON JONES, M. D. Registrar

EC 29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1930, to Dec 29, 1930, that I last saw h alive on Dec 28, 1930, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A S Jones M. D.

Dec 29, 1930 (Address) 720 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Port Allegheny Pa

DATE OF BURIAL 12/29/30 19

20 UNDERTAKER Leo J Schmit

ADDRESS 2101 Frederick Ave

THIS is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Dr Weinstock 713 Arguith St Wdy 7601 Ref 5390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63698

E 63698

CERTIFICATE OF DEATH.

31 7 to 9

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Homestead ST., ... WARD) 9-46

2-FULL NAME Bertha E. Bassford

(a) RESIDENCE NO. 943 Homestead ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of S. Winfield Bassford

6 DATE OF BIRTH (month, day and year) Jan 8th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. E. Hackell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant S. Winfield Bassford
(Address) 943 Homestead St

15 Filed Dec 29 1930, 19 ..... Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Dec 28th, 1930, that I last saw her alive on Dec 27, 1930, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) ..... yrs. 11 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings & Ray

(Signed) Alex A Weinstock M. D.

12/28/1930 (Address) 713 Arguith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 12/30/1930

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

FROM THE ORIGINAL. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-30—M. & T.—250 Bks.

Harry Tankin 119 N. Milton Ave
Wolf 3930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63699

E 63699

CERTIFICATE OF DEATH.

129 6 68

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 N. Carolina ST., ... WARD) 8-13

2-FULL NAME Elizabeth S. Wright

(a) RESIDENCE No. 1229 N. Carolina ST., ... WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of or) WIFE of John R. Wright

6 DATE OF BIRTH (month, day, and year) Nov 4th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86		1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Hanirck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Laura E. Moffett
(Address) 1229 Carolina St

29 1930 Filed ..... 19 ..... CHARNOCK JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1930, to Dec 28th, 1930, that I last saw h~~e~~ alive on Dec 29th, 1930, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Edema of lungs
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? ..... Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. J. Tankin, M. D.

, 19 (Address) 119 N Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 1/2/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks

E 63700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63700

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO. 101-881

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave. ST., WARD)

2-FULL NAME Lucy Gallagher

(a) RESIDENCE NO. Monkton Balto Co. Md. ST., 25-72 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of or) WIFE of George Gallagher

6 DATE OF BIRTH (month, day, and year) Jan 8th 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80 yrs	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Plattsburg (State or country) N. Y.

PARENTS

10 NAME OF FATHER Roby G. Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Louise Gregory

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Jenkins Memorial Hosp. (Address) 1000 Caton Ave

15 Filed 12-29 1930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29, 1930

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1930, to December 29, 1930, that I last saw her alive on December 28, 1930, and that death occurred, on the date stated above, at 9.15 A.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (R upper lobe)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Rt Hemiplegia Chr. Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Nicholas A. Fowler, M. D.

, 19 (Address) 1000 Caton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nio Cathedral Cemetery

DATE OF BURIAL 12/30/1930

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—9 30—A. & Co.—250 Bks.

E 63701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63701

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 118 S Conklin ST ..... WARD)

2-FULL NAME Barbara Anna Scola 26-37

(a) RESIDENCE No. 118 S Conklin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Scola

6 DATE OF BIRTH (month, day, and year) Aug 13 1857

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Jenny Scola
(Address) 118 S Conklin St

15 29 1930 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Dec. 27, 1930 that I last saw her alive on Dec. 27, 1930 and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Rheu-Cardial disease (duration) 7 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank R. Di Paula M. D.

19 (Address) 1323 N. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 31 Dec 30

20 UNDERTAKER M. W. E. Huppel Sons — ADDRESS Dec 30 1930

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63702

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 746 Edgewood St. ST., ... WARD)

2-FULL NAME Alpheus Norman Dosier

(a) RESIDENCE NO. 746 Edgewood St. ST., 16-67 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily E. Dosier (nee Lynch)

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1894.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Safe Deposit & Trust

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER John F. Dosier

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mamie Norman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mrs. Emily E. Dosier
(Address) 746 Edgewood St.

15 Filed ....., 19 C. HARRISON JONES, M.D. Registrar

291930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 27, 1930, that I last saw him alive on Dec 27, 1930, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 10 yrs. mos da.

CONTRIBUTORY (Secondary) .....
O. ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Sputum Exam

(Signed) L. A. Kelly, M. D.

, 19 (Address) 3-15 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12/30/30

20 UNDERTAKER Harry N. Witzke

ADDRESS 4101 Edmondson Ave

1-30—M. & T.—100 B—50L

E 63703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-103

E 63703

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., WARD) 20-70

2-FULL NAME Mary Roderigas

(a) RESIDENCE No. Old Frederick Rd & Hilton St WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 11 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Roderigas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sabani Tellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Record.
(Address)

15 Filed ..... 192 ..... C. HARRISON JONES, M. D. Registrar

Per ..... R. E. T.

2 9 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia from she was riding accident with another throwing child out

(duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tract Abuse
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Jackson & Lansdowne

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) [illegible] Franz, M. D. Coroner

12 29 1930 (Address) 2931 W Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 12-31 1930

20 UNDERTAKER Bernard C Clarke 1000

ADDRESS S Paca St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63704

E 63704

CERTIFICATE OF DEATH.

45

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 337 + Calvert ST., 8 WARD)

2-FULL NAME Mrs. Emma Schumann

(a) RESIDENCE NO. 1907 Boone st ST., 9-18 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Paul Schumann

6 DATE OF BIRTH (month, day, and year) April 5th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Gustav Gentsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lisette Kaper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Patient's hospital records.

(Address)

C. HAMPSON JONES, M. D.

Registrar

29 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1930, to Dec 26th, 1930, that I last saw her alive on Dec 26th, 1930, and that death occurred, on the date stated above, at 11 45 P.m.

The CAUSE OF DEATH* was as follows:

2) Cholecystitis chronic. Cholelithiasis ~~Tumor abdomen (?)~~

1) Malignant neoplasm, retro-peritoneal. (duration) ....yrs. 1 mos ....ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage (duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Samuel McLanahan, M. D.

Dec. 27th 1930 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 12-30 1930

20 UNDERTAKER Mrs Chas G Rohde

ADDRESS 2327 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 63705

E 63705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 N. Fulton Av ST., ... WARD)

2-FULL NAME Martha Ellen Bland Hawkins

(a) RESIDENCE NO. 646 N. Fulton Av ST., 16 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? 70 yrs. 3 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Hawkins

6 DATE OF BIRTH (month, day, and year) Sept 15 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Millersville Md.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Romulus G. Morgan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary A Balderston

13 BIRTHPLACE OF MOTHER (city or town) Fredrick
(State or country) Maryland

14 Informant Miss Carrie Morgan (Sister)
(Address) 646 N. Fulton Av.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 19 30, to Dec 28, 19 31,
that I last saw him alive on Dec 27, 19 30
and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Louis W. Hammett M. D.

Dec 30 19 31 (Address) 2002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millersville-G. G. Co. Md. DATE OF BURIAL Dec 30 19 30.

20 UNDERTAKER Stewart & Monument Company ADDRESS Balto Md.

FILL IN VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63706 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 63706

X 129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 1000 Eaton Ave. ST., ... WARD) 25-72

2-FULL NAME Mrs. Mary Judik

(a) RESIDENCE NO. Bloomsbury Ave Catonsville ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Judik

6 DATE OF BIRTH (month, day, and year) Dec 6th 1878

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52 yrs.		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House keeper

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Penna

PARENTS

10 NAME OF FATHER: John McGlenn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia

12 MAIDEN NAME OF MOTHER: Mary Barter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia

14 Informant: Johns Hopkins Hosp.
(Address) C. Reynolds Johns, M.D.

15 Filed Dec 30 1930, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 30, to Dec 28, 19 30, that I last saw her alive on Dec 28, 19 30, and that death occurred, on the date stated above, at 11 40 A. m.

The CAUSE OF DEATH* was as follows:

Acute myocardial failure

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardio Renal Vascular disease Left hemiplegia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

12/29, 1930 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Dec 31 1930

20 UNDERTAKER: Henry Jenkins Sons, Inc. ADDRESS: Eastern Avenue

FOR DEATH BLANK OF CERTIFICATE. ...TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

Cherry Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63707

CERTIFICATE OF DEATH.

90

E 63707

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 3122 Tate ST., WARD) 25-76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cherry Jones

(a) RESIDENCE No. 3122 Tate ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Jones

6 DATE OF BIRTH (month, day, and year): Feb 1859

7 AGE: Years 71 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Halifax North Carolina

PARENTS

10 NAME OF FATHER: Alfred D. Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Jane Branch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Turner R. Pugh

(Address): 3122 Tate St.

15 Filed 19 C. HARRISON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov — 1930 to Dec 29 1930, that I last saw him alive on 12/26 1930 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows: ~~Chronic~~ Myocarditis

(duration) 4 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Asthma

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Hutzpuster, M. D.

19 (Address) 1340 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: Dec 30, 30

20 UNDERTAKER: John H. Toadvine — ADDRESS 1027 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

DEC 30 1930

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63708

129 V E 63708

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 W. Cross ST. ..... WARD) 21-29

2. FULL NAME John E. Benson

(a) RESIDENCE NO. 1026 W. Cross ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Jessie M. Benson

6 DATE OF BIRTH (month, day, and year) Oct 27-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	1	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not given

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not given

14 Informant Mrs. Lillian Jordan
(Address) 1026 W. Lexington St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28-1930

17 I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1930, to Dec. 28, 1930 that I last saw him alive on Dec 27, 1930 and that death occurred, on the date stated above, at 3:45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Chemical Laboratory Findings

(Signed) W. R. Brunner M. D.

19 (Address) 1013 Power Store St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Dec 31 19 30

20 UNDERTAKER J. A. Krance Van

ADDRESS 703 Park

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63709

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 63709

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 20-27

2. FULL NAME Georgie Jackson

(a) RESIDENCE No. 1503 Edmondson Ave. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored — Female

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Jackson

6 DATE OF BIRTH (month, day, and year): April 20, 1866

7 AGE: Years 64 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): out of work

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Richmond Co. Va.

PARENTS

10 NAME OF FATHER: Gabriel Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Fannie Custe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-28-30

17 I HEREBY CERTIFY, That I attended deceased from 12-1-30, 19..., to 12-28-30, 19... that I last saw her alive on 12-28-30, 19... and that death occurred, on the date stated above, at 5:45 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

12-29 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pat. Son Cem. | DATE OF BURIAL: 12/30 1930

20 UNDERTAKER: Samuel Hensley Waddell | ADDRESS:

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63710 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63710

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Mosher ST., ... WARD)

2-FULL NAME Inez Randall

(a) RESIDENCE NO. 531 Mosher ST., 14-20 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS
10 NAME OF FATHER Rangler Randall
11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)
12 MAIDEN NAME OF MOTHER Mary Lee
13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Mary Randall
(Address) 531 Mosher street

15 Filed DEC 30 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-30

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to Dec 27, 1930, that I last saw her alive on Dec 26, 1930, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:
Influenza
Bronchial Pneumonia
(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial - Pneumonia
(duration) ....yrs. ....mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Hans, M. D.
12/29, 1930 (Address) 38 Clarke

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary cty — DATE OF BURIAL Dec 30 1930

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1726 Druid Lane

Spec.—1-30—M. & T.—250 Bks.

E 63711 HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

REGISTERED NO. E 63711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 W Lexington ST., ... WARD) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Hill

(a) RESIDENCE No. 1615 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Va.

PARENTS

10 NAME OF FATHER Henry Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mary Hill
(Address) 1615 W. Lexington St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/30.

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930, to Dec 28, 1930, that I last saw h. alive on Dec 28, 1930, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Heart Disease

(duration) 15 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Thayer, M. D.

, 19 (Address) 8-77 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Dec 30, 1930

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1720 Ashland Ave

FOR IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63712

CERTIFICATE OF DEATH

159-001 E 63712

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Pinewood Ave. WARD) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Elmer Sadler

(a) RESIDENCE NO. 2820 Pinewood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.,
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry T. Sadler

11 BIRTHPLACE OF FATHER (city or town) Balto.,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Stein

13 BIRTHPLACE OF MOTHER (city or town) Balto.,
(State or country) Md.

14 Informant Harry T. Sadler (Father)
(Address) 2820 Pinewood Ave.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-30

17 I HEREBY CERTIFY, That I attended deceased from 12-28-, 1930, to 12-29-, 1930, that I last saw him alive on 12-29-, 1930 and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows:

Secondary anemia
Diarrhoea
Internal hydrocephalus
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal pneumonia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Aybert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12/31 1930

20 UNDERTAKER S. P. Rust

ADDRESS Lafayette

Spec.—1-30—M. & T.—250 Bks.

E 63713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63713

CERTIFICATE OF DEATH.

47

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2705 Kate Ave. ST., ... WARD) 15-58

2-FULL NAME Florence V. Fuller

(a) RESIDENCE NO. 2705 Kate Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John H. Fuller,

6 DATE OF BIRTH (month, day, and year) May 17. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER George Trager,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Menchey,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Mrs. Vincent Demma,
(Address) 2737 Prospect Ave.

15 Filed DEC 30 1930 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 30-1920

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1920, to Dec 30, 1920, that I last saw her alive on Dec 29, 1920, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

I Carcinoma of Breast (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malignant cachexia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? yes Date of ~~yes~~

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) John A. Graham M. D.

12/30 1930 (Address) 1219 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Methodist Ce. Reisterstown

DATE OF BURIAL JAN 2 1931

20 UNDERTAKER George H. Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks.

E 63714

E 63714

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hosp. ST., _____ WARD) 15-58

2-FULL NAME Bessie Bier

(a) RESIDENCE NO. 3608 Cottage Av. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Israel Bier

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Levee
(Address) 1439 Eutaw St

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1930, to Dec. 29, 1930, that I last saw he alive on Dec. 29, 1930, and that death occurred, on the date stated above, at 5 55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ____ yrs. ____ mos 4 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical course

(Signed) J. E. Goodman, M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Sinai Cem.

DATE OF BURIAL 12-30-1931

20 UNDERTAKER Jacob Levee, 1439

ADDRESS Eutaw St

FROM is very important. See instructions on back of certificate.

C. H. [illegible] Registrar

Spec.—1-12-23—M&T—500 Blks.

E 63715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63715

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Lennidale

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chaye Meshon

(a) RESIDENCE NO. Belvedere & Greenspring Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Meshon

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 76 Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Simon Meshon

(Address) Belvedere & Greenspring

15 Filed DEC 30 1930 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec-26-, 1930, to Dec-29-, 1930, that I last saw him alive on Dec-29-, 1930 and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

about 4 days

(duration) yrs. mos.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel M. D.

12/29 1930 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Mt. Carmel

DATE OF BURIAL 12-30-1930

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E. Baltimore St.

FROM BACK OF CERTIFICATE. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63716

CERTIFICATE OF DEATH

111-002

REGISTERED NO. E 63716

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2917 E. Baltimore ST., WARD) 1-2

2—FULL NAME Louis Rakowski

(a) RESIDENCE NO. 2917 E. Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1898

7 AGE: Years 32 Months Days 17 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Clerk

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Rakowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Konegunda Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joseph Rakowski
(Address) 2917 E. Baltimore St.

15 Filed C. HUMPSON JONES, M. D. Registrar

C 301030

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Dec 28, 1930, that I last saw him alive on " 28, 1930 and that death occurred, on the date stated above, at 8. a.m.

The CAUSE OF DEATH* was as follows:

Hydro Pericardium

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. L. Gree, M. D.

12/29/30 (Address) 4080 Pat Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Dec 31 1930

DATE OF BURIAL

20 UNDERTAKER: F. W. Ozazewski 1930

ADDRESS: Eastern ave

Important: See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63712

57

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Clarkson ST., ... WARD) 23-31

2-FULL NAME Elizabeth Bach

(a) RESIDENCE NO. 1311 Clarkson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 59 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Bach

6 DATE OF BIRTH (month, day, and year) May 19-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Strasser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Farmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Eugene Bach
(Address) 1113 Clarkson St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.29.30

17 I HEREBY CERTIFY, That I attended deceased from 12.15.30, 19 ..., to 12.29., 19 30, that I last saw her alive on 12.29, 19 30, and that death occurred, on the date stated above, at 12 M m.

The CAUSE OF DEATH* was as follows:
Myocarditis - Chron. Nephritis
Cardiac Hypertension
Diabetes Mellitus
(duration) I don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis
(duration) ..... yrs. ..... mos. 1 ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical + Laboratory Exam

(Signed) J. Edward Norris, M. D.

12.29.1930 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Dec. 31 1930

20 UNDERTAKER Margaret S. Flynn — ADDRESS 1422 Light St.

FOR IMPORTANT INFORMATION ON THE BACK OF CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-30—M. & T.—250 Bks.

E 63718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122-002

E 63718

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., ... WARD) 16-67

2-FULL NAME Mrs Mary Malte

(a) RESIDENCE NO. 1114 Poplar Grove ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE Years 68 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Texas (State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER Thos Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER B. Sterling

13 BIRTHPLACE OF MOTHER (city or town) Texas (State or country) Baltimore Md

14 Informant Rev. John L. Barnett (Address) St. Joseph Rectory

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 | 28 | 30

17 I HEREBY CERTIFY, That I attended deceased from 12/26, 1928, to 12-28, 1930, that I last saw h alive on 12/28 4:30 P.M., 1930, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

Chronic myocarditis. over

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Hendrix M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12/30 1930

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 1318 Light

TION is very important. See instructions on back of certificates.

Cor.—12-8-25—A Co.—200 Bks.

E 63719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 63719

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

17-24

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Druid Hill Ave St., _____ Ward)

2-FULL NAME Chin Sen Eng

(a) RESIDENCE NO. 908 Druid Hill Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Mongolian	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 86

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) Not Known
(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Chin Non.
(Address) 112 Park Ave.

15 Filed Dec. 29 19 30 Joseph M. Jones, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. Funk, Coroner, M. D.

Dec 29 1930 (Address) Cormen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Dec 30 1930

20 UNDERTAKER John F Denny ADDRESS 715 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1930

Cabre

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63720

90 E 63720

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2108 Lake Ave (Street or Ward) 8 4 5

2 FULL NAME Laura Mates Cable

(Residence in Baltimore: No. 2108 Lake Ave St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov (Month) 11 (Day), 1882 (Year)

7 AGE: 48 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Mates

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER: Ellen Bowman

13 BIRTHPLACE OF MOTHER (State or country): Penna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Cable

(Address) 2108 Lake Ave

15 Filed ....., 191.. C. HAMILTON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 29 (Day), 1930 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930 to Dec 29 1930, that I saw her alive on Dec 29, 1930; and that death occurred, on the date stated above, at 2.45 p. m. The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) 8 yrs. mos. ds

Contributory (SECONDARY) Acute dilatation of heart

(Duration) yrs. mos. 2 ds.

(Signed) Chas Thatcher M. D.

Dec 29, 1930 (Address) Maple Ave & Belair Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2108 Lake Ave

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Dec 31, 1930

20 UNDERTAKER: J. Fay Burns Sons

ADDRESS: Forest

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 63721 129 E 63721

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 N. Bond. St. 8-17 WARD)

2-FULL NAME Sarah McLaughlin

(a) RESIDENCE NO. 1407 N. Bond ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas McLaughlin

6 DATE OF BIRTH (month, day, and year) Feb 1 - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry A. Davis
(Address) 1407 N. Bond St

15 Filed ....., 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29. 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Dec 29, 1930 that I last saw her alive on Dec. 28, 1930 and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Hypostasis, Cellulitis Sclerosis
Myocarditis & Chr. Interstitial
Nephritis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Urine

(Signed) Thos. F. Stevens M. D.

12/29 19 30 (Address) 2878 Huxford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 12/31/30 19

20 UNDERTAKER George J. Huth Inc. ADDRESS 1705 Hoff

FROM is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001 E 63722

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Reisterstown Rd. ST. 13-59 WARD)

2-FULL NAME Sylvan D. Baum

(a) RESIDENCE No. 3000 Reisterstown Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6 - 1929

7 AGE: Years 1 Months 6 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: E. M. Baum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Esther Sommer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: E. M. Baum
(Address): 3000 Reisterstown Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/30/30.

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Dec 30, 1930; that I last saw h alive on Dec 29, 1930, and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows: possible (Brain abscess) secondary to Post mortem

(duration) ..... yrs. Otitis 7 ds.

CONTRIBUTORY (Secondary): Mat. Otitis media

(duration) ..... yrs. ..... mos. 6. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 12/29/30.

Was there an autopsy? do

What test confirmed diagnosis? perforate ear drum.

(Signed) E. N. Meyer Jr, M. D.

12/31, 19 30 (Address) 1533 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 12/31 1930

20 UNDERTAKER: Jack Lewis 1439 E Balto St

ADDRESS

FOR IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-30—M. & T.—250 Bks.

1471
2 E 63723

HEALTH DEPARTMENT—CITY OF BALTIMORE E 63723

CERTIFICATE OF DEATH.

x 131 ✓

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. _____ ST., 79 WARD)

2-FULL NAME John Spitznogle

(a) RESIDENCE NO. 348 Virginia Ave ST., _____ WARD Morgantown W Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 18-1853

7 AGE: Years 77 Months 9 Days _____ If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa -

PARENTS

10 NAME OF FATHER: Simon Spitznogle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: L. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa -

14 Informant: Undertaker
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 10 1930, 19 _____ CHARLES JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26. 30

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1930, to Dec. 26, 1930, that I last saw him alive on Dec. 26, 1930, and that death occurred, on the date stated above, at 2 36 p m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis, bilateral
Myocardial Failure
Uremia Pulmonary Oedema
(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Dec. 17, 1930

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgantown W Va

DATE OF BURIAL: 12/29/1930

20 UNDERTAKER: Joseph Ahrens

ADDRESS: 221 Bway

FOR IS very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63724

E 63724

CERTIFICATE OF DEATH

154-002

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Found Guyman Falls Parkway ST., 16-67 WARD

2-FULL NAME Unknown Baby.

(a) RESIDENCE No Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about Dec 27

7 AGE Years ..... Months about 2 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant N. W. Police Friend
(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue Baby since birth

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Bolduke, M. D. Coroner

Dec 29, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 30 1930

20 UNDERTAKER Commissioner Health

ADDRESS

TION is very important See instructions on back of certificate.

DEC 30 1930 C. Harrison Jones M.D.
5827 APW

Cor.—12-9-25—A Co.—200 Bks.

E 63725

HEALTH DEPARTMENT—CITY OF BALTIMORE

103

188-

E 63725

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 33rd. & Calvert Sts. St. 12-51 Ward)

2-FULL NAME H. Gordon McClelland.

(a) RESIDENCE NO. 2820 Bernard ST. St._____ Ward_____

(Usual place of abode) Lifetime (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) November 16th. 1922

7 AGE: Years 8 Months 1 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William McClelland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabell Ryan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant William McClelland

(Address) 2820 Bernard St.

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28th. 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto as he ran from out into its path

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ____ yrs. ____ mos. ____ ds.

12/30 (Signed) G. J. Frank M. D. (Coroner)

12/20, 1930 (Address) 2939 W 2 Eldey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 2820 Bernard Sts

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery. Date of Burial 12/31 1930

20 UNDERTAKER Chas P. Krause & Son ADDRESS 118 W Mt Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63726 101-001 E 63726

CERTIFICATE OF DEATH

REGISTERED NO. 21-24

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 339 Scott St ST. WARD)

2—FULL NAME Baby McNeal

(a) RESIDENCE NO. 339 Scott St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/28/30

7 AGE Years Months Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER George H. McNeal

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie E Ryan

13 BIRTHPLACE OF MOTHER (city or town) Mt Solutyville
(State or country) Va

14 Informant Geo H. McNeal
(Address) 339 Scott St.

15 Filed 30 1930 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/30

17 I HEREBY CERTIFY, That I attended deceased from 12/29, 1930, to 12/30, 1930, that I last saw him alive on 12/29, 1930 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. 2 ds. hrs

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) S. C. Feldman, M. D.

19 (Address) 1420 E Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bernard A Fenk Cemetery

DATE OF BURIAL Dec 31 1930

20 UNDERTAKER 789 Washington Blvd

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 63727

E 63727

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1206 N. Curley St. 8-11 Ward)

2-FULL NAME Mary Del Duca

(a) RESIDENCE NO. 1206 N. Curley St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dominic Del Duca

6 DATE OF BIRTH (month, day, and year): Nov 28/1893

7 AGE: Years 37 | Months 1 | Days 1 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 637
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Frank Dietrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Catherine Malloy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Dominic Del Duca
(Address): 1206 N. Curley St

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 4? ..... ds.

CONTRIBUTORY (Secondary) Probably Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Information

(Signed) [signature], M. D.

Dec. 30/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Dec 31 1930

20 UNDERTAKER: John Ullrich

ADDRESS: 210 S. Bloom

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Dr Byerly 3048 W. North Ave (Lap. 0024)

E 63728

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63728

74-001

CERTIFICATE OF DEATH.

REGISTERED NO. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4343 Reistertown Rd ST. 15 WARD)

2-FULL NAME Mary E. Simmons

(a) RESIDENCE NO. 4343 Reistertown Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of Richard L. W. Simmons

6 DATE OF BIRTH (month, day, and year) Apr 25th 1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. J. Higdon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Mrs Chas Prettigs
(Address) 4343 Reistertown Rd

15 Filed ..... 19 ..... Registrar

S. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Dec. 29, 1930, that I last saw he alive on Dec 29th, 1930, and that death occurred, on the date stated above, at 4:59 PM

The CAUSE OF DEATH* was as follows:

Senility - Hypertension apoplexy -

(duration) 3 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia -
(Primary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. W. Byerly M. D.

19 (Address) 3048 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 12/31/1930

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Dr Wm 1216 N Calvert St Vac, 1960

Spec.—1-30—M. & T.—250 Bks.

E 63729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63729

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH Boston + Valley Sts

CITY OF BALTIMORE: (No. Little Sisters of Poor ST., 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel F. Vance

(a) RESIDENCE NO. Boston + Valley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or) WIFE of~~ Catherine Vance

6 DATE OF BIRTH (month, day, and year) Dec 25th 1849

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Vance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF ~~MOTHER~~ Trumnall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Koch

(Address) 353 E. 25th St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930 to 12/30, 1930

that I last saw h... alive on 12/29, 1930,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr Bernard Weiss, M. D.

12/31 1930 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Rock Creek Cemetery

DATE OF BURIAL 1/1/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

Dr Settle 2435 Md Ave Univ 6440

E 63730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63730

CERTIFICATE OF DEATH.

90

REGISTERED NO. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 Warwick Ave (St.) (WARD)

2-FULL NAME Annie M. Minderlein

(a) RESIDENCE No. 1904 Warwick Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31st 1859

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
71	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick C Minderlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Roberta Rabenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie K Minderlein

(Address) 1904 Warwick Ave

15 Filed 30 1930 19 C. Harrison Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29 19 29 to Dec. 30 19 30, that I last saw her alive on Dec. 29 19 30, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (hypertensive) myocarditis (duration) Some yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) George W. Settle, M. D.

12/30 1930 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/1 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

FOR IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Kindley

E 63731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63731

CERTIFICATE OF DEATH

129v

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Rosedale Road St. 15-12 WARD)

2 FULL NAME Mary L. Kindley

(a) RESIDENCE No. 3602 Rosedale Road St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Newton Kindley

6 DATE OF BIRTH (month, day, and year) May 5 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James H. Collis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Elmer L. McCauley
(Address) 3602 Rosedale Road

15 Filed ..... 19..... HARRY JONES, M. D. Registrar

C 31 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29-1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 19 27, to Dec 29, 19 30 that I last saw him alive on Dec 22, 19 30 and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Gray M. D.

12/29 1930 (Address) 6000 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. — DATE OF BURIAL Dec 31 1930

20 UNDERTAKER Wm J. Fleckner Sons — ADDRESS North St.

TION is very important. See instructions on back of certificates.

Spec.—B-30—A. & Co.—250 Bks.

E 63732 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63732

CERTIFICATE OF DEATH.

101-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 521 Rose Hill Terrace 12-47 WARD)

2-FULL NAME William Joseph Meeks

(a) RESIDENCE No. 521 Rose Hill Terrace ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Blanche Meeks

6 DATE OF BIRTH (month, day, and year): Dec. 23, 1869

7 AGE: Years 61 | Months 0 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer: Boundary M. E. Church Balto Co Md.

9 BIRTHPLACE (city or town) (State or country): Balto Co Md.

PARENTS

10 NAME OF FATHER: William A. Meeks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Mary A. Earl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Mrs Katie B. Meeks
(Address) 521 Rose Hill Terrace

15 Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29, 30

17 I HEREBY CERTIFY, That I attended deceased from 12/24/30, 19.., to 12/29/30, 19.. that I last saw him alive on 12/29/30, 19.. and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) nom (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) T. H. Herrmann M.D.

12/30/30 (Address) 1710 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Dec 29 1930

20 UNDERTAKER: Wm J Tickner & Sons

ADDRESS: North & Pa

FILED DEC 31 1930 [illegible] Registrar

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63733

REGISTERED NO. E 63733

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2543 Frederick Ave. 10-69 Ward) 101-001

2-FULL NAME William J. Eyring Sr.

(a) RESIDENCE NO. 2543 Frederick Ave. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Wm J. Eyring

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Edna P. Eyring

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mrs Wm J Eyring
(Address) 2543 Frederick Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Brooks M. D.

12/30 19 30 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A A Co	12-31 1930
20 UNDERTAKER	ADDRESS
Bernard C Harlan	1000 S Paca St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 ✓ 145 E 63734

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST., ... WARD) 11-24

2-FULL NAME Marie Wright

(a) RESIDENCE NO. 930 N. Eutaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fredericksburg Va

PARENTS

10 NAME OF FATHER James Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Bercot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Andrew Powell
(Address) 930 N Eutaw St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-30

17 I HEREBY CERTIFY, That I attended deceased from 12-20, 1930, to 12-29, 1930, that I last saw her alive on 12-29, 1930, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:
Prolonged labor

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia (5 days)
Myocardial Insuff (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-20-30 Cesarean Section

Was there an autopsy? No

What test confirmed diagnosis? Phys signs + symptoms

(Signed) J Stevenson Baker, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 12-31-1930

20 UNDERTAKER Harry Carton

ADDRESS 916 Paca

3 1 1930 C

Spec.—1-30—M. & T.—250 Bks.

24 E 3906
63735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63735

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 17-24 WARD)

2-FULL NAME James Ragan

(a) RESIDENCE NO. 509 W Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hattie 1900

6 DATE OF BIRTH (month, day, and year) Jan-15-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Dec 29, 1930, that I last saw him alive on Dec 29, 1930, and that death occurred, on the date stated above, at 10 30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Uremia

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? NPN 172

(Signed) Julian D. Washington, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sumerton S.C.

DATE OF BURIAL 12-31 1930

20 UNDERTAKER Hand & Conlan

ADDRESS 916 Pa Ave.

JOHNS HOPKINS HOSPITAL
MAR 1 1932
LIBRARY

1-30—M. & T.—100 B—50L

E 63736

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63736

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. ST. 17-24 WARD)

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy B. Arthur

(a) RESIDENCE NO. 1008 Argyle Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd Jobs
(c) Name of employer: Va.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk.

12 MAIDEN NAME OF MOTHER: Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk.

14 Informant: Woods Hope
(Address): 544 W. Lafayette

15 Filed ....., 192.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and ~~from the~~ evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Autopsy

What test confirmed diagnosis? Autopsy

(Signed) H. B. Luck M. D. Coroner

Dec. 26 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Cemetery

DATE OF BURIAL 12 30 1930

20 UNDERTAKER: Dennis Carter

ADDRESS 916 Pearl

TION is very important. See instructions on back of certificate.

Spec.—1-10-27—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63737

E 63737

CERTIFICATE OF DEATH.

REGISTERED NO. 2576 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3317 Vera ST. WARD

2-FULL NAME Algie Pritchett

(a) RESIDENCE NO. 3317 Vera ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Pritchett

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 56 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lula —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Maggie Pritchett

(Address) 3317 Vera ave Fairfield md

15 Filed 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/28 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/27 1930, to 12/28 1930, that I last saw him alive on 12/28 1930, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows: Bright's Disease

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary): Anemia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Philippi, M. D.

19 (Address) 1340 Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT Calvary ct — DATE OF BURIAL: Dec 31 1930

20 UNDERTAKER: W. L. Brown & Son — ADDRESS: 18 W. Monday

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63738

162

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Edmondson Ave St. 18th WARD)

2-FULL NAME Katie Worsey

(a) RESIDENCE NO. 837 Edmondson Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of nil

6 DATE OF BIRTH (month, day, and year)

7 AGE Years ..... Months ..... Days 1 If LESS than 1 day 5 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil (Baby)

(b) General nature of industry, business, or establishment in which employed (or employer) nil

(c) Name of employer

9 BIRTHPLACE (city or town) 837 Edmondson Ave
(State or country) Baltimore

PARENTS

10 NAME OF FATHER George Worsey

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER [redacted] Moore

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant George Worsey
(Address) 837 Edmondson Ave

15 Filed: ..... 19 ..... JOHN L. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Dec 30, 1930, that I last saw her alive on Dec 29, 1930, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Hematoma

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? nil

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Feeling

(Signed) J. M. MacMurchy M. D.

, 19 (Address) 2147 Hunter Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Jan 1 19 31

20 UNDERTAKER Edward Hawley

ADDRESS 1700 Eddie

Spec.—2-29-23—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63739

129

E 63739

REGISTERED NO. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 W 28th St. WARD)

2—FULL NAME Gene Robinson

(a) RESIDENCE NO. 306 W 28th St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Robinson

6 DATE OF BIRTH (month, day, and year) May 1888

7 AGE: Years 42 Months 7 Days . If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edw Bess

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mollie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alexander Robinson
(Address) 306 W. 28th St

15 Filed DEC 31 1930 H. C. JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1930, to Dec. 29, 1930, that I last saw her alive on Dec. 29, 1930 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Hypertension with Nephritis

(duration) 2 yrs. 2 mos. 19 ds.

CONTRIBUTORY (Secondary) Hypertension with Nephritis (duration) yrs. 2 mos. 19 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Typical Exam

(Signed) G. F. Hull, M. D.

19 (Address) 424 E 33 St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Dec 31-30

ADDRESS 578

20 UNDERTAKER Dennis E Hundley W Baltimore

Spec.—9-30—A. & Co.—250 Blks

E 63740 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63740

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... STREET ..... WARD) 16-26

REGISTERED No. 1012-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Downs

(a) RESIDENCE No. 808 Edmondson Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: ~~Male~~ Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Patterson

6 DATE OF BIRTH (month, day, and year): Feb. 12, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: Southern R.R.

9 BIRTHPLACE (city or town) (State or country): Ashland N.C.

PARENTS

10 NAME OF FATHER: Buttom Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Sarah Downs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Records of (Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-30

17 I HEREBY CERTIFY, That I attended deceased from 12-26-30, 19..., to 12-28-30, 19...

that I last saw him alive on 12-28-30, 19...

and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) UNKNOWN yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

12-29 19 30 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 12/31 19 30

20 UNDERTAKER: Samuel Hinsley

ADDRESS: 178 Biddle

NOTE—This form is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63741

91-802 E 63741

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1218 E. Eager St. 10-14 Ward)

2-FULL NAME Catherine Wagner

(a) RESIDENCE NO. 1218 E. Eager St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /////////

6 DATE OF BIRTH (month, day, and year) Mar 13/1860

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Franz M Wagner

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Horst

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant John Wagner
(Address) 1218 E. Eager St

15 Filed ..... 19..... Registrar

C 31 1030

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30/1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility-Arteriosclerosis

..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D.

Dec 30 1930 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan. 2 1931
20 UNDERTAKER	**ADDRESS**
Henry Hoeck Sons, Inc.	1301 E. Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 63742

E 63742

CERTIFICATE OF DEATH.

16-22

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. _____ Ward)

2-FULL NAME John Thomas Doxzon, Jr.

(a) RESIDENCE NO. 1114 N. Monroe St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 30, 1930

7 AGE: Years – Months 8 Days – IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Thomas Doxzon

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Pomeroy

13 BIRTHPLACE OF MOTHER (city or town): Philadelphia

(State or country): Pennsylvania

14 Informant: Mr. John Thomas Doxzon, Sr.

(Address) 1 114 N. Monroe St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1930 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Pitts M. D. (Coroner)

Dec 31 1930 (Address) 508 E. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

Date of Burial: Jan. 2 19 31

20 UNDERTAKER: Harry L. Cook

ADDRESS: 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63743

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 63743

CERTIFICATE OF DEATH

REGISTERED NO. 18-26

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N Poppleton ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Smith

(a) RESIDENCE NO. 218 N Poppleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Cu.

5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3 1914

7 AGE 16 Years Months 11 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) job

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Victoria Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Sarah Robinson
(Address) 2192 Poppleton

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Dec 29, 1930, that I last saw h alive on Dec 29, 1930 and that death occurred, on the date stated above, at 9 00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Edema (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of?

Was there an autopsy? No

What test confirmed diagnosis? T.B.

(Signed) H J Norwood, M. D.

Dec 30 1930, 19 (Address) 909 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cemetery

DATE OF BURIAL Jan 2, 1931

20 UNDERTAKER Mrs. Katie R Williams

ADDRESS 322 N. Schroeder St.

Spec.—9-30—A. & Co.—250 Bks.

E 63744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63744

CERTIFICATE OF DEATH.

90

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Myrtle Av. St. 14-20 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lucie Trust

(a) RESIDENCE No. 1409 Myrtle Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Lucie Trust

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Francis Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Florence Trust
(Address) 1409 Myrtle Av

15 Filed ....., 19 .....

FEB 5 1931 JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29/30

17 I HEREBY CERTIFY, That I attended deceased from for several years, 19..., to 12-29, 1930

that I last saw her alive on 12-29, 1930

and that death occurred, on the date stated above, at 11-45 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

for several years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Rheumatism
(duration) numerous attacks yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) H. K. Jarrah M. D.

Dec 31 1930 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Dec. 31 1930

20 UNDERTAKER: Saml. T. Hemsley

ADDRESS: 775 W. Baltimore

PLEASE READ CAREFULLY THE INSTRUCTIONS ON BACK OF CERTIFICATE. INFORMATION IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 63745

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N. Bradford ST. 817 WARD)

2-FULL NAME Elizabeth E. Bregel

(a) RESIDENCE NO. 1738 N. Bradford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of John G. Bregel

6 DATE OF BIRTH (month, day, and year) Aug 25/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	65	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Blankford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs John C. Uhl
(Address) 2411 E. Hoffman St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 19 30 to Dec 29 19 30 that I last saw her alive on Dec 27 19 30 and that death occurred on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Arteriosclerosis
Myocarditis
(Duration) ..... mos. .....

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Neil Parsons M.D.

12-30 19 (Address) 801 N. Mt St

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Dec 31/30 19

20 UNDERTAKER Philip Henig

ADDRESS 2616 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

E 63746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 63746

REGISTERED NO. 27-55

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6602 Park Heights Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Schluderberg

(a) RESIDENCE NO. 6602 Park Heights Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Schluderberg

6 DATE OF BIRTH (month, day, and year) March 30, 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Packer 08

(b) General nature of industry, business, or establishment in which employed (or employer) Chairman of Board Schluderberg-Kurdle Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Schluderberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Volk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Margaret Schluderberg
(Address) 6602 Park Heights Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29, 1930.

17 I HEREBY CERTIFY, That I attended deceased from September, 1930, to Dec. 29, 1930, that I last saw him alive on Dec. 20 1930 and that death occurred, on the date stated above, at 7 45 a. m.

The CAUSE OF DEATH was as follows: Diabetes Diabetes (Coma)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry E. Wilson, M. D.

, 19 (Address) 3 Pk. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Jan. 1, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 1250 E. North Ave.

Cor.—10-10-29—A Co.—100 Bks.

E 63747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159-002

E 63747

REGISTERED NO. 14754

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital (Harrisett Lane) St., Ward)

2-FULL NAME Marshall Thomas

(a) RESIDENCE NO. 2222 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in rity or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (Write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 19.30

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Benj/ H. Thomas

11 BIRTHPLACE OF FATHER (rity or town)
(State or rountry) Balto., Md.

12 MAIDEN NAME OF MOTHER Olivia Rogers

13 BIRTHPLACE OF MOTHER (city or town)
(State or rountry) Balto., Md.

14 Informant Hopkins Records
(Address)

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Heart (Disp Rec)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contrarted If not at place of death?

Did an operation prrcrde death? no Date of

Was there an autopsy? no

What test rontirmed diagnosis? Clinical & Records

(Signed) J. S. Nacos M. D.

Dec 31/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arridental, Suicidal, or Homicidal. (See reverse side for additional spare.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Dec 31 1930

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63748

E 63748

CERTIFICATE OF DEATH.

100-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Christian ST. 10-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Anzelewitch

(a) RESIDENCE No. 2021 Christian ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jacob Anzelewitch

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Yankel Grab

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) L. Kerze 1439 E. Baltimore St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/29, 1930 to 12/30, 1930, that I last saw her alive on 12/30, 1930, and that death occurred, on the date stated above, at 6:20 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Park Cem

DATE OF BURIAL 12-31-1930

20 UNDERTAKER Jacob Levin, 1439

ADDRESS E Balto St

1-30—M. & T.—100 B—50L

Solomon Bunner

E 63749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63749

185

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 2100 Ruff St. 15-68 WARD)

2-FULL NAME Solomon Bunner

(a) RESIDENCE NO 2100 Ruff ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Freda

6 DATE OF BIRTH (month, day, and year) Jan 18-1871

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) W. S. Wolfe
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jos. Dunin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anthina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levine
(Address) 1439 E. Baltimore

15 Filed 2-11 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Injured Kidney Produced Paralysis

..... (duration) yrs. 11 mos. 22 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Leon Pearl, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herzog Rem. | DATE OF BURIAL 1/2/30 1930

20 UNDERTAKER Jack Levin 1439 E | ADDRESS Balto

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63750

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 63750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1513 Eutaw Place

CITY OF BALTIMORE: (No. ..... ST. 14-20 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Coblens Joseph

(a) RESIDENCE NO. 1513 Eutaw Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Joseph

6 DATE OF BIRTH (month, day, and year) Dec. 12/1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Daniel Coblens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina Hirsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant David Joseph
(Address) 1513 Eutaw Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1930

17 I HEREBY CERTIFY, That I attended deceased from ..... 1927, to Dec 29, 1930, that I last saw her alive on Dec 29, 1930, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis & hypertension
~~Coronary Thrombosis~~

(duration) Many yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coronary thrombosis
(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Previous partial amputation

What test confirmed diagnosis? Numerous manifestations

(Signed) Chas Cl Judd, M. D.

, 19 (Address) 82 Eager Street, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew

DATE OF BURIAL 12/31 - 1930

20 UNDERTAKER Harry Sondheim & Son

ADDRESS 1402 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63751

CERTIFICATE OF DEATH.

REGISTERED NO. 37-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 79 WARD)

2-FULL NAME Dorothy Pritchen

(a) RESIDENCE No. 627 N. Bethel ST., SP WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan-1-1930

7 AGE: Years 2 Months 11 Days 23 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER W. F. Pritchen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER Lithe Speller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Car.

14 Informant: Records (Address): JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 24-30

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1930, to Dec. 24, 1930, that I last saw her alive on Dec. 24, 1930, and that death occurred, on the date stated above, at 7 05 a.m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 2 mos 1 4 ds.

CONTRIBUTORY (Secondary) Bronchial Otitis Media (duration) yrs. 2½ mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Ann G. Kittner, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Dec. 31

DATE OF BURIAL: 1930

20 UNDERTAKER: Chas. W. Johnson

ADDRESS: 416 N. Carolina St.

JOHNS HOPKINS HOSPITAL
JAN 31 1930
BALTIMORE, MD.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63752

185LE 63752

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 530 E. 22nd St St., 9-46 Ward)

2-FULL NAME Mary S. Flowers

(a) RESIDENCE NO. 530 E. 22nd St St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. Flowers

6 DATE OF BIRTH (month, day, and year): Sept 17/1855

7 AGE: Years 75 | Months 3 | Days 13 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home 37
(c) Name of employer:

9 BIRTHPLACE (city or town): Churchville
(State or country): Md

PARENTS

10 NAME OF FATHER: XXXXX Norrington

11 BIRTHPLACE OF FATHER (city or town): .....
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Unknown

13 BIRTHPLACE OF MOTHER (city or town): .....
(State or country): Md.

14 Informant: Ida V. Flowers
(Address): 530 E. 22nd St

15 Filed ..... 19..... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30/30 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia
(Accidently fell to floor in her home)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Intrasapsular Frac left femur (duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) J. S. Hace, M. D.

Dec 31/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1/1 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 E Pratt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22-002

E 63753

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Mary's Charity

CITY OF BALTIMORE: (No. Chesnut & 8th ST., 8 WARD)

2-FULL NAME Louis Schneider

(a) RESIDENCE No. 1514 N Chapel ST., WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Schneider

6 DATE OF BIRTH (month, day, and year) 2/14/1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 079

(c) Name of employer Bethlehem Steel Wks

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Y

14 Informant Mrs Anna Schneider
(Address) 1514 N Chapel

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-24-30, 19...., to 12-30-30, 19....,

that I last saw him alive on 12-24-30, 19....,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver
non alcoholic

(duration) ..... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of None

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) N B Hendrix M. D.

19 (Address) 11 Jones Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL Jan 2, 1931

20 UNDERTAKER John Miller

ADDRESS 2008 Gilmore

1-30—M. & T.—100 B—50L

63754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

202

REGISTERED NO. E 63754

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Yards St., 16-22 WARD)

2-FULL NAME Sadie Harris

(a) RESIDENCE No. 1705 N. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Harris

6 DATE OF BIRTH (month, day, and year) December 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sabver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Edward Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bessie Harris
(Address) 1705 W. Lanvale st.

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acc. Fall of house
Multiple Fractures

(duration) yrs. mos — ds.

CONTRIBUTORY (Secondary) Shock
(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Exam

(Signed) G. E. Eades, M. D. Coroner

, 19 (Address) 143 N Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL Dec. 31 1930

20 UNDERTAKER Wm. R. A. Ellis

ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63755 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 63755

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2038 W Saratoga ST. 70-77 WARD)

2-FULL NAME Isaac R. North

(a) RESIDENCE No. 2038 W Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of or) ~~WIFE of~~ Carrie V North

6 DATE OF BIRTH (month, day, and year) Aug 17, 1853

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Shirt Mfg

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER James North

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Cambridge

12 MAIDEN NAME OF MOTHER Jane R Riggan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Carrie V North
(Address) 2038 W Saratoga

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to Dec 30, 1930, that I last saw him alive on Dec-29, 1930, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:
Senile Arteriosclerosis (Cerebral)
Endocarditis (Senile)
Chronic Interstitial Nephritis
(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) 4 yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nora E. Nately M. D.

12/31, 1930 (Address) 2457 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 1 1931

20 UNDERTAKER George H Smith

ADDRESS 1532 Hollins

Spec. 7-17-26 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63756

E 63756

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH Aged Men Home

City of BALTIMORE: (No. 1400 W Lexington St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Morris

(a) RESIDENCE NO. 1400 W Lexington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21, 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	82	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary E. Forestal

(Address) 1400 W Lexington

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec. 31, 1930 that I last saw him alive on Dec. 24, 1930 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Cardio-Vascular-Renal disease

(duration) > yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis _____

(Signed) Edwin B Jarrett M.D.

19 (Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial Jan 2 1931

20 UNDERTAKER George J. Smith

ADDRESS 1032 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 63757

HEALTH DEPARTMENT—CITY OF BALTIMORE

129-E 63757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Albion Hotel

CITY OF BALTIMORE: (No. Read & Cathedral St. 11-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Duckett Bowie

(a) RESIDENCE No. Albion Hotel ST., 11th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bennett

6 DATE OF BIRTH (month, day, and year) July - 1854

7 AGE: Years 76 Months 5 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Prince George Co (State or country) Md

PARENTS

10 NAME OF FATHER Eden Bowie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co Md

12 MAIDEN NAME OF MOTHER Alice Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Princes George Co Md

14 Informant Carter Lee Bowie
(Address) 1425 Park Ave

15 Filed JAN 2 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, '30

17 I HEREBY CERTIFY, That I attended deceased from Feb ....., 1930, to Dec. 31, 1930, that I last saw ~~him~~ alive on Dec. 30, 1930, and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH was as follows:

Pneumonia

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio-Vascular-Renal disease (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Edwin B. Jarrett M.D.

, 19 (Address) 1115 E. Pratt St., City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

DATE OF BURIAL: Jan 2 1931

20 UNDERTAKER: Henry W. Jenkins Sons

ADDRESS: McCulloh & Orchard Sts.

Spec.—1-30—M. & T.—250 Bks.

E-63758 HEALTH DEPARTMENT—CITY OF BALTIMORE X 49 LE 63758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-9 WARD)

2-FULL NAME James R. Callan

(a) RESIDENCE NO. Knoxville Tenn. ST., ... WARD 4030 Lyons View Rd.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2 - 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn.

PARENTS

10 NAME OF FATHER Frank J Callan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 31 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1930.

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1930, to Dec 31, 1930, that I last saw him alive on Dec 31, 1930, and that death occurred, on the date stated above, at 7 55 m.

The CAUSE OF DEATH* was as follows:

Pneumonia with cardiac failure

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Carcinoma - larynx

approximate (duration) ..... yrs. 13 mos. ..... ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? biopsy of tissue from larynx

(Signed) Gordon A. Wentworth M.D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knoxville, Tenn

DATE OF BURIAL 12/31/1930

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E. Baltimore St.

Spec.—1-30—M. & T.—250 Bks

E 63759

HEALTH DEPARTMENT—CITY OF BALTIMORE

84 E 63759

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (NO. 1000 Caton Avenue ST., 7-17 WARD)

2-FULL NAME Mrs. Sedonia Lutts

(a) RESIDENCE NO. 802 N. Kenwood Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of William James Lutts

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Prince Anne Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Bright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Jenkins Memorial Hosp.
(Address) 1000 Caton Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Dec 29, 1930, that I last saw her alive on Dec 29, 1930, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:
Myocarditis of Fracture
General Debility
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Parkinsonian Syndrome
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Lot Stewart, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 2 1931

20 UNDERTAKER Frank Crook Son — ADDRESS 906 Gilmore

Spec.—1-10-21—M&T—1500 Bks.

E 63760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63760

CERTIFICATE OF DEATH.

101-001

21-31

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1118 Warner ST. (WARD)

2-FULL NAME Mary Johnson Riddle

(a) RESIDENCE NO. 1118 Warner ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Riddle

6 DATE OF BIRTH (month, day, and year) 4 - 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susie Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Susie Gross
(Address) 1118 Warner St.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Dec. 29, 1930, that I last saw her alive on Dec 29, 1930, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Conley Hoag, M. D.

12/31, 1930 (Address) 29 Park. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Jan 1 1931

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3 1930 C. EMERSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 63761 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 63761

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 6-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Warnicker

(a) RESIDENCE NO. 117 N. Chapel St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-30

17 I HEREBY CERTIFY, That I attended deceased from 3-28-22, 19..., to 12-30-30, 19..., that I last saw her alive on 12-30-30, 19..., and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardio-Vascular Disease
c̄ Hypertension - Obesity

(duration) ....yrs. ....mos. P ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ....yrs. ....mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther P. Kinde, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smith

DATE OF BURIAL 1/1 1931

20 UNDERTAKER W M Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 63762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63762

CERTIFICATE OF DEATH.

X 135

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Union Memorial Hospt ST. 33rd WARD) 1349

2-FULL NAME William R. Rodgers

(a) RESIDENCE NO. Rodgers Forge Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith & Pat Motor

(b) General nature of industry, business, or establishment in which employed (or employer) job

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant George Rodgers (Brother)
(Address) Towson Md. # Towson 372 M

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-30

17 I HEREBY CERTIFY, That I attended deceased from 12-29-30, 19..., to 12-31-30, 19...,

that I last saw him alive on 12-30-30, 19...,

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia, acute (duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical sign + Lab.

(Signed) Samuel McLanahan, M. D.

Dec 31, 1930 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian, Towson

DATE OF BURIAL 1/2 1931

20 UNDERTAKER W. M. Cook

ADDRESS 1217 E. Pond St

JAN 4 1931 C. HUNSON JONES

Spec.—1-30—M. & T.—250 Bks.

E 63763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63763

X 155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. South Balti Gen St. WARD

REGISTERED NO. 17433

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madge Lott

(a) RESIDENCE NO. 1 Woodside ave ST. Halethorpe WARD md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. ✓ mos. 12 ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Albert E. Lott

6 DATE OF BIRTH (month, day, and year) June 7 - 1900

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Petersburg (State or country) Virginia

PARENTS

10 NAME OF FATHER Timothy Robbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Records (Address) Albert E. Lott Sr

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 - 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930, to Dec 30, 1930, that I last saw h. alive on Dec 30, 1930, and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

acute cardiac dilatation. myocardial degeneration

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Lung abscess (rt.) - osteomyelitis mandible (duration) ....yrs. 2 mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 21 - 1930

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical exam

(Signed) Wm. J. Sullivan, M. D.

, 19 (Address) South Balti Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Petersburg Va

DATE OF BURIAL 12/31 1930

20 UNDERTAKER W M Cook

ADDRESS 1217 Druid Park

JAN 1 1930

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63764

E 63764

CERTIFICATE OF DEATH

90

REGISTERED NO. 27-44

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 Carter Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Kuhn

(a) RESIDENCE NO. 5300 Carter Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jacob Kuhn

6 DATE OF BIRTH (month, day, and year) March 3 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	51	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lugoj
(State or country) ~~Austria~~ Roumania

PARENTS

10 NAME OF FATHER Jacob Riesz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Roumania

12 MAIDEN NAME OF MOTHER Therese Fuschang

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Roumania

14 Informant Margaret Geier
(Address) 5300 Carter Ave

15 Filed ..... 19.... Registrar

31 1930 C. HARRISON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec-27-, 1930, to Dec-30-, 1930, that I last saw her alive on Dec 30-, 1930 and that death occurred, on the date stated above, at 9.25 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Div - (Chronic Valvular

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac failure —

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank C Bracken, M. D.

, 19 (Address) 125 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 1-2 1931

20 UNDERTAKER L. J. Rusch

ADDRESS Balto

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63765

188-163

E 63765

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Provincial City Hospital (1) St., 3-4 Ward)

City of Baltimore: (No. .....

2-FULL NAME Matthew Brown

(a) RESIDENCE NO. 407 S. Caroline St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 Color or Race Col

5 Single, Married, Widowed or Divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Brown

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE Years 40 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Va

PARENTS

10 NAME OF FATHER Wyatt Brown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Va

12 MAIDEN NAME OF MOTHER Vina Timms

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va

14 Informant Walter Brown
(Address) 407 S. Caroline St

15 Filed ....., 19..... Registrar

DEC 21 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Complete recovery of head from body (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Bessemer & Dundalk

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) L. Frame, M. D.

12/30, 1930 (Address) 2932 Mt Edney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 1/2/1931

20 UNDERTAKER Thomas C. Kelson — ADDRESS 1303 Christian St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63766

E 63766

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Church Home & Infirmary St., 6-9 Ward)

2-FULL NAME Margaret Mary Frick

(a) RESIDENCE NO. Revolea Beach, Begies Md. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Frick

6 DATE OF BIRTH (month, day, and year) Nov 18/1884

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	46	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer) At home 037
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER George Stump

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Medinger

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Anton Frick
(Address) Begeis, Md.

15 Filed ....., 19.... Hilary Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure-Aortic Insuff.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. H. Wacker, M. D.

Dec 31/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 2, 1931

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63767

114

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2658 Freit Av ST. 70-69 WARD)

2-FULL NAME Ida H. Shipley

(a) RESIDENCE No. 2658 Freit Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 37 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alexander S. Shipley

6 DATE OF BIRTH (month, day, and year) June 16 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ida Bittman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Clarence S. Bittman
(Address) 2658 Freit Av

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 19 30, to Dec 29, 19 30, that I last saw h... alive on Dec 28 30, 19 ..., and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:
Acc Dilat., Heart

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Acc Gastr. Intestitis (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Personal Findings

(Signed) W. A. Russell, M. D.

1931, 19 (Address) Lanington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Lawn DATE OF BURIAL 1/1/ 19 31

20 UNDERTAKER H. B. Wright ADDRESS 1855 N. Gallo St

HARRISON JONES, ...

31 1930

Spec.—1-30—M. & T.—250 Bks.

Dr N. K. Gorsuch 117 W. Saratoga St
Cal 2654 ✓

E 63768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63768

CERTIFICATE OF DEATH.

24-00

4-25

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 111 W. Mulberry ST., ... WARD)

2-FULL NAME Kate A. Mallonee

(a) RESIDENCE NO. 111 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 17th 1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Josiah Mallonee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr J. W. Drach
(Address) Cockeysville Md

15 Filed ..... 19 .....

O. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1930

17 I HEREBY CERTIFY, That I attended deceased from Various times for years, 19.... to ....., 19....,

that I last saw her alive on 29 Dec, 1930,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

a few minutes
(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) —
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) J. K. Gorsuch, M. D.

12-31-1930 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Crematorium

DATE OF BURIAL 1/2/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 63769

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 63769

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH On S/S E.J.Nicklos, off Galveston, Gulf of Mexico.

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 76-1

2-FULL NAME Frederick W.Myers.

(a) RESIDENCE No 910 S.Bouldin St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steward,
(b) General nature of industry, business, or establishment in which employed (or employer) S/S E.J.Nicklos.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Ester M.Hubbard.(cousin)
(Address) 910 S.Bouldin St.

15 Filed ..... 192 C. HARRISON JONES, M. D. Registrar

3 1 1930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hembardt, M. D. Coroner

12/31/30 Address 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

20 UNDERTAKER W. M. Cook

DATE OF BURIAL 1/1 1931

ADDRESS 1217 E. Pool St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63770

92

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 9-18

2-FULL NAME Albert H. Parlett

(a) RESIDENCE NO. 938 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Dawson

6 DATE OF BIRTH (month, day, and year) Dec 9 1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER George Parlett

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elz. Buchheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Mary Parlette
(Address) 938 E. Preston St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/30

17 I HEREBY CERTIFY, That I attended deceased from 12/17, 1930, to 12/30, 1930, that I last saw him alive on 12/30, 1930, and that death occurred, on the date stated above, at 7 20 p. m.

The CAUSE OF DEATH* was as follows:
Coronary thrombosis
(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Arterio-sclerotic heart disease - hypertension (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical, autopsy

(Signed) Charles E. Gill, M. D.

12/30 1930 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Green Mount

DATE OF BURIAL Jan 2, 1931

20 UNDERTAKER Rita Weidefeld

ADDRESS 914 Greenmount Ave

143030 C. HARTON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

Theophilus Green

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63771

E 63771

CERTIFICATE OF DEATH

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Home Lancaster Ho St. 1724 Ward)

2-FULL NAME Theophilus Green

(a) RESIDENCE NO. 562 Orchard St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 94 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Green

6 DATE OF BIRTH (month, day, and year) Feb 1896

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sailor
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER L. Green

11 BIRTHPLACE OF FATHER (city or town) ....
(State or country) Md

12 MAIDEN NAME OF MOTHER Hester Watts

13 BIRTHPLACE OF MOTHER (city or town) ....
(State or country) Md

14 Informant Hester Green
(Address) 277 Wilkes St

15 1931 G. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The "CAUSE OF DEATH" was as follows:

Jaundice
Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? ....

Did an operation precede death? Date of ....

Was there an autopsy? ....

What test confirmed diagnosis? ....

(Signed) Geo. W. Mussey, M. D.

12/31/1930 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weston Star. Cem.

DATE OF BURIAL Jan 1 1931

ADDRESS 627

20 UNDERTAKER John W. Toadvine

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63772 11-001 E 63772

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 633 Hart ST. 27-30 WARD)

2—FULL NAME Charles Pinkney

(a) RESIDENCE NO. 633 Hart ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Pinkney

6 DATE OF BIRTH (month, day, and year): Feb 1880

7 AGE: 50 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Savannah, Ga.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Gertrude Pinkney
(Address) 633 Hart St

15 Filed 1 1931 C. HAMPSON JONES M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-30

17 I HEREBY CERTIFY, That I attended deceased from 12-5-30, 19 , to 12-28-30, 19 , that I last saw him alive on " , 19 , and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Grip, bronchitis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? O Date of

Was there an autopsy? O

What test confirmed diagnosis? O

(Signed) F. U. Landon, M. D.

12-29-30 (Address) 1524 N. Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 2 1931

20 UNDERTAKER: John H. Toadvine

ADDRESS: 1627 Druid Hill

Cor.—10-10-29—A Co.—100 Bks.

E 63773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63773

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Sinai Hospital St., 70-28 Ward)

2-FULL NAME Nathan Frankle

(a) RESIDENCE NO. 2041 Wilkins Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Frankle

6 DATE OF BIRTH (month, day, and year) Aug 6/1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	40	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing Mfgr
(b) General nature of Industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph W. Frankle

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Clara Spector

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Mamie Frankle
(Address) 2041 Wilkins Ave

15 Filed Dec 31, 1930 C. HARRISON JONES, M. D., Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis .....

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation (duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

Dec 31/30 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Row

DATE OF BURIAL 1/1 1931

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Baltimore St

Use black or blue ink. Write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63774

E 63774

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Chester ST 6-9 WARD)

2-FULL NAME Katie Feinberg

(a) RESIDENCE NO. 210 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sender Feinberg

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Chas Thaddeus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sara Lash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ben Feinberg
(Address) 210 N. Chester St

15 Filed 1-1-1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-30

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 1920, to 12/31, 1930, that I last saw her alive on 12/31, 1930, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows: Cerebral apoplexy

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis
Arteriosclerosis (duration) yrs. Chronic mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Circumstances

(Signed) David Franklin M. D.

12/31, 1930, (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Wash Rood — DATE OF BURIAL 1/1 1931

20 UNDERTAKER Jack Levis 1439 E Balt St — ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 63775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63775

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Dolphin ST. 17-24 WARD)

2-FULL NAME Sarah Dial

(a) RESIDENCE No. 710 Dolphin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Charles Franklin
(Address) 211 Dolphin St.

15 Filed 1931 .....19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.29.30

17 I HEREBY CERTIFY, That I attended deceased from 12.27, 1930, to 12.29, 1930, that I last saw her alive on 12.28, 1930, and that death occurred, on the date stated above, at 8.a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? General

(Signed) J. A. Lightart M. D.

12/31/1930 (Address) 211 N. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-1-1931

20 UNDERTAKER Daniel Carlton

ADDRESS 916 Eutaw

Spec.—1-30—M. & T.—250 Bks

E 63776

E 63776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Bradley St. 17-26 (WARD)

2-FULL NAME Robert Allen

(a) RESIDENCE NO. 756 Bradley St. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Leathia Spriner
(Address) 1313 Edmondson Ave

15 Filed _____, 19 _____ C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-30

17 I HEREBY CERTIFY, That I attended deceased from at various times for several years past, 19..., to ..., 19..., that I last saw him alive on 12-28-30, 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease
(duration) Several years

CONTRIBUTORY (Secondary) Probably Rheumatism
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. K. Gannaway, M. D.

12-31, 19 30 (Address) 113 N. Gardenia St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-1-1931

20 UNDERTAKER Dennis Cashard

ADDRESS 916 Paca

Spec.—1-30—M. & T.—250 Bks

E 63777

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63777

31

CERTIFICATE OF DEATH.

REGISTERED NO. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Brueckert Av. ST. ..... WARD)

2-FULL NAME Frederick Poehlman

(a) RESIDENCE No. 2816 Brueckert Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Annie J. Poehlman

6 DATE OF BIRTH (month, day, and year) Aug 14/76

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 6/13

(b) General nature of industry, business, or establishment in which employed (or employer) Butcher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Conrad Poehlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie J. Poehlman
(Address) 2816 Brueckert Av

15 Filed 1931 C. HARRISON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1924, to Dec 30, 1930, that I last saw him alive on Dec 30, 1930, and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jurnick, M. D.

1930 (Address) 4906 Forsyth Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Jan 3 1931

20 UNDERTAKER Philip Hennig

ADDRESS 2016 Orleans St.

Spec.—1-10-21—MAT—1500 Bks.

E 63778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63778

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Pearl St. WARD) 4-25

2-FULL NAME Alexander Pines

(a) RESIDENCE NO. 6 N. Pearl St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Pines

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 59 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholster

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Solomon Pines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Celia Yeaderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: David Pines
(Address): 6 N. Pearl St

15 ..... 19 ..... C. NORMAN JONES, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1930.

17 I HEREBY CERTIFY, That I attended deceased from Jany. 3, 1929, to Dec. 29, 1930, that I last saw him alive on Dec. 29, 1930, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical & microscopic analyses

(Signed) Harry H. Arthur M. D.

Dec. 31, 1930 (Address) 3708 Hillsdale Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cem Washington Rd

DATE OF BURIAL: 1/1 1931

ADDRESS

20 UNDERTAKER: J. Ahrens Co

1923 Reisterstown Rd

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 63779

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 63779

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... S 12-14 WARD)

2. FULL NAME Dudley McDaniel

(a) RESIDENCE No. 2012 Hunter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie McDaniel

6 DATE OF BIRTH (month, day, and year) July 20, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Weldon
(State or country) N. C.

PARENTS

10 NAME OF FATHER Dudley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Amy Arrington

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-30

17 I HEREBY CERTIFY, That I attended deceased from 11-21-30, 19..., to 12-30-30, 19...
that I last saw him alive on 12-30-30, 19...
and that death occurred, on the date stated above, at 1:40P m.

The CAUSE OF DEATH* was as follows:

Aneurism of arch of aorta over

(duration) yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

anginal (duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Four

Did an operation precede death? yes Date of 5-30-30.

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

12-31 1930 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weldon N. C. — DATE OF BURIAL Jan 1 1931

20 UNDERTAKER Mrs. R. G. Elliot — ADDRESS 1720 Ashland ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 63780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63780

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH Md. Gen Hospital

REGISTERED NO. 75-72

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert R Happoldt.

(a) RESIDENCE NO. 1935 Maisel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Herbert Happoldt

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Francis Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Hospital Records.

(Address)

15 Filed 1-1931 G. HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-30

17 I HEREBY CERTIFY, That I attended deceased from 12-30-30 to 12-31-30, 19..., that I last saw him alive on 12-31-30, 19..., and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

1. Chronic myocarditis
2. Arterio sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert J. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cherrlstone S C

DATE OF BURIAL June 1931

20 UNDERTAKER Edward Foulson

ADDRESS Wash Blvd

Spec.—2-29-28—L. F. S.—500 Bks.

E 63781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 63781

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Ellwood ave ST. 1-2 WARD)

2—FULL NAME Carrie M Forrest

(a) RESIDENCE NO. Berwin Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a If married, widowed, or divorced, (or) WIFE of William H Forrest

6 DATE OF BIRTH (month, day, and year) May 21st 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Charles Sauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Emily Rulph

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant E F Anderson
(Address) 17 S. Ellwood ave

15 Filed 1-1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1930, to Dec 31, 1930, that I last saw him alive on Dec 31, 1930. And that death occurred, on the date stated above, at 11 45 a m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) old age

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. E. Deane, M. D.

Jan. 1, 1931 (Address) 3701 Waterson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glenwood Cemetery Washington Md	Jan 2nd 1931

20 UNDERTAKER	ADDRESS
F. George Schilling & Sons	1120 E Monument St

Cor.—10-10-29—A Co.—100 Bks.

E 63782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 63782

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2104 E. Federal St., 8-16 Ward)

2-FULL NAME Elizabeth Meckes

(a) RESIDENCE NO. 2104 E. Federal St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Meckes

6 DATE OF BIRTH (month, day, and year) Sept 2, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	52	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Brandt

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER XXX X Finger

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant George Meckes
(Address) 2104 E. Federal St

15 Filed 1931 19 ..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock - Dyspena. Chr Myocarditis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental fall at home Fracture both wrists.

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Reduction

What test confirmed diagnosis? .....

(Signed) J. H. Allen M. D.

Dec 31/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Cem	Jan 2, 31
20 UNDERTAKER	**ADDRESS**
Mr & Mrs. John H. Teufel & Son	801 W. Fayette

Property classified. Care statement of occupation is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63783

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N W. York ST. 22-20 WARD)

2-FULL NAME Linwood Newman

(a) RESIDENCE NO. 1 N W. York ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Minnie A. Newman

6 DATE OF BIRTH (month, day, and year): Oct - 1878

7 AGE: Years 52 Months 2 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer: Independent

9 BIRTHPLACE (city or town) (State or country): Catonsville Md

PARENTS

10 NAME OF FATHER: Josiah Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorit Rudd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorit Md

14 Informant: Linwood Newman
(Address): 1 N W. York

Filed 1 - 1931, 19 .....

C. MANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29-30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 19 30, to Dec. 29, 19 30, that I last saw him alive on Dec 28, 19 30, and that death occurred, on the date stated above, at 12:15 a. m.

The CAUSE OF DEATH* was as follows: Myocarditis about two (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Heart failure (duration) about 14 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) E. Mayfield Boyd, M. D.

Dec 12, 19 30 (Address) 1027 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lion Cemetery

DATE OF BURIAL: Jan 1 19 31

20 UNDERTAKER: Mrs Geo. H. Hallam

ADDRESS: 1031 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks

E 63784

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 63784

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 17-24 WARD)

2-FULL NAME Portia Badham

(a) RESIDENCE NO. 1213 Division st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 600

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Badham

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 1 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930, to Dec. 31, 1930, that I last saw her alive on Dec. 31, 1930, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner, M. D.

12-31-30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edenton, N. C.

DATE OF BURIAL 1/2/1931

20 UNDERTAKER Mrs Geo. H. Holland

ADDRESS 1631 David Hill Ave

Spec.—1-30—M. & T.—250 Bks

E 63785 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63785

CERTIFICATE OF DEATH.

REGISTERED NO. 15-62

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Murray

(a) RESIDENCE NO. 3407 Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Clara Murray

6 DATE OF BIRTH (month, day, and year) april 6 - 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Surgical Instruments Co.

(c) Name of employer Philadelphia Pa

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Jane Randall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Wife - Mrs Clara Murray

(Address) 3407 Hilton St

Date Filed JAN 1 - 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/30

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930, to Dec 31, 1930, that I last saw him alive on Dec 31, 1930, and that death occurred, on the date stated above, at 11:35 P.m.

The CAUSE OF DEATH* was as follows:

Streptococcus sore throat (scarlet fever ??)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Septicaemia ?

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Smear + culture

(Signed) Birkland MacGowan, M. D.

1/5/1930 (Address) Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL David Ridgel

DATE OF BURIAL Jan 1 1931

20 UNDERTAKER M. W. E. Duppel Inc

ADDRESS 32 South

Spec—9-30—A. & Co.—250 Bks.

E 63786 HEALTH DEPARTMENT—CITY OF BALTIMORE L 63786

CERTIFICATE OF DEATH.

57

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No City Hospitals ST. 2-4 WARD)

2. FULL NAME Frank Zabawa

(a) RESIDENCE NO. 247 S Chapel ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How Long in U. S., if of foreign birth? 25 yrs. mos. ds.

Length of residence in city or town where death occurred 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Salomea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records.
(Address)

15 Filed 1-1931 19 C. HANSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-30

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1930, to 12-31, 1930 that I last saw him alive on 12-31, 1930 and that death occurred, on the date stated above, at 9:10 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Starvation (duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. A. S. Grant Jr. M. D.

19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Hamilons Cemetery DATE OF BURIAL Jan 3rd 1931

20 UNDERTAKER George A. Weber ADDRESS 705 E Ann st.

Spec.—1-30—M. & T.—250 Bks

E 63787

HEALTH DEPARTMENT—CITY OF BALTIMORE

157-002 63787

S.A. 159-003 - not found

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Shakespeare st ST. 2-4 WARD)

2-FULL NAME Tadeusz Entowski

(a) RESIDENCE NO. 1626 Shakespeare ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant -

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 - 1931.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Martin Entowski

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Jannette Kowalska

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Martin Entowski
(Address) 1626 Shakespeare st.

C. HAWSON JONES
Registrar

JAN 1 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Jan. 1, 1931, that I last saw him alive on Jan. 1, 1931, and that death occurred, on the date stated above, at 9 30 A.m.

The CAUSE OF DEATH* was as follows:

Premature
(7 mos) 30 min
(duration) yrs. mos ..... ds.

CONTRIBUTORY (Secondary) meningicele
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P. S & S.

(Signed) John J Kruger, M. D.

, 19 (Address) 627 Eastland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Jan 1 1931

20 UNDERTAKER George A. Weber — ADDRESS 8 Ann st

Bro—12-23-21—E.B.R.S.—400 lbs.

E 63788

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 63788

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1627 Cedar St. 25-77 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaw Sylvester Sobotka

(a) Residence No. 1627 Cedar St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 31/30

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 6 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mus

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER Stanley Sobotka

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER Frances Sorosz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Austria Hungary

14- (Informant) Stanley Sobotka

(Address) 1627 Cedar

15- Filed 1-1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 31/30

17- I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930 to Dec 31, 1930

that I last saw him alive on Dec 31, 1930

and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth 7 1/2 mos.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Hoffa M. D.

, 19 (Address) 4700 Pennington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn DATE OF BURIAL Jan 2 31

20-UNDERTAKER John M Weber ADDRESS 401 N Chester

250

Spec.—1-30—M. & T.—250 Bks.

E 63789 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63789

+ 38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital Baltimore, Md. 12-51

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Dubel

(a) RESIDENCE NO. 402-W. 56 St., New York, N. Y. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Quartermaster

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

(c) Name of employer S.S. Cities Service Toledo

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Jack Dubel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Henrietta Varloope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Records U. S. Marine Hospital
(Address) Baltimore, Md.

15 Filed JAN 1 - 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1930

17 I HEREBY CERTIFY That I attended deceased from Sept. 6, 1930, to Dec. 31, 1930, that I last saw him alive on Dec. 31, 1930, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis Tertiary

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular heart disease aortic and mitral

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests

(Signed) Gordon A. Abbott, M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York, N. Y. DATE OF BURIAL Jan 1, 1931

20 UNDERTAKER E. Leroy Stiffler & Co ADDRESS 125 E. North Ave.

Spec.—9-30—A. & Co.—250 Bks.

Wilmerton

63790 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 63790

90

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Chelsea Terrace St. 15-61 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Hannah A. Wilmerton

(a) RESIDENCE NO. 3913 Chelsea Terrace ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. P. H. Wilmerton

6 DATE OF BIRTH (month, day, and year) Nov 22-1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Joseph Yerkes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Hannah S. Yerkes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs. John Boyland
(Address) 3913 Chelsea Terrace

15 Filed ....., 19.... C. MARSHALL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31-1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1930, to Dec 31, 1930 that I last saw h alive on Dec 30, 1930 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mon. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mon. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Herring M. D.

, 19 (Address) 612 W 40 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phila. Pa.

DATE OF BURIAL: Jan 2 1931

20 UNDERTAKER: J. M. Jackson Sons

ADDRESS: Phila Pa

1-30—M. & T.—100 B—50L

E 63791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-002 E 63791

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen Hosp ST. ..... WARD

2-FULL NAME Jennie S. Morris

(a) RESIDENCE No 3916 Garrison Blvd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Morris.

6 DATE OF BIRTH (month, day, and year) July 29-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	74	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John Riggle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Calvin S. Morris

(Address) 3916 Garrison Blvd

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH was as follows:
Cerebral Concussion, fractured Ribs. Laceration of Liver

(duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. 27 ds.

18 Where was disease contracted if not at place of death? Garrison Blvd

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray

(Signed) F. H. Gadd, M. D. Coroner

Dec 31 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Jan 2 1931

20 UNDERTAKER Wm Fischer & Son ADDRESS North & Pa

SECTION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63792

CERTIFICATE OF DEATH.

122-002

E 63792

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1001 Edmondson ST. 18-26 (WARD)

2-FULL NAME Patrick James Brandy

(a) RESIDENCE No. 1001 Edmondson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Laura Brandy

6 DATE OF BIRTH (month, day, and year) Dec 12 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	0	8 3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER Michael Brandy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Lafford
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph F. Brandy
(Address) 1001 Edmondson

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30-1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 30, 1930, that I last saw him alive on Dec 29, 1930, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
Atrophic
(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Ascites
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Small Liver X-ray

(Signed) William Williams, M. D.

, 19 (Address) 3200 Sequoia ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 2 1931

20 UNDERTAKER H. Redwood Fox — ADDRESS Norwood

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63793

CERTIFICATE OF DEATH.

E 63793

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. U. S. Marine Hospital Grounds WARD)

2-FULL NAME Davis, Charles C

(a) RESIDENCE No. 2107 Homewood ave ST., Balto WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Wanda Williams Davis

6 DATE OF BIRTH (month, day, and year) July 11 1875

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired U.S.N.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Geo A Davis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne Hyland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Hiram Adl.
(Address)

15 Filed JAN 2 - 1931 Jas. P. Johns II Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1930, to Jan 1, 1931, that I last saw him alive on Jan 1 1931, 19..., and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Embolism Cerebral

(duration) ....yrs. mos 24 ds.

CONTRIBUTORY (Secondary) —
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

1/1/31 (Address) U. S. Marine Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 1/3/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—1-30—M. & T.—250 Bks.

Dr Schubert 1403 Poplar Ave

E 63794 HEALTH DEPARTMENT—CITY OF BALTIMORE 74001 E 63794

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 607 N Charles ST. 11-15 WARD)

2-FULL NAME Helen L Cecil

(a) RESIDENCE NO. 607 N Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas L Cecil

6 DATE OF BIRTH (month, day, and year) Dec 27 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Louis Mo

PARENTS

10 NAME OF FATHER Edward O Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Betts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs H. G. Williams
(Address) Cockeysville, Md

15 Filed JAN 2 - 1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 30, 1930, that I last saw he alive on Dec 30, 1930, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M E Schubert M. D.

12/31, 1930 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stephens, Mellwsville

DATE OF BURIAL 1/2 1931

ADDRESS 1217 E Fond St

20 UNDERTAKER J M Cook

Spec.—1-30—M. & T.—250 Bks. Dr Lavy 800 E Preston st Lap 3618 7 to 8

E 63795 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 63795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 N. Washington ST. 817 WARD)

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander H. Robinson

(a) RESIDENCE No. 1730 N. Washington ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE of~~ Lenora M Robinson

6 DATE OF BIRTH (month, day, and year) Oct 25th 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas E. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lenora M Robinson
(Address) 1730 N. Washington st

15 Filed _____, 19 _____ C. HARRY JONES, M. D. Registrar

N 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1930

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Dec 31, 1930, that I last saw him alive on 12/31/30, 19....., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 5 yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gilbert Fox, M. D.

1/2/30 (Address) 800 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 1/2/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

Spec.—1-30—M. & T.—250 Bks.

E 63796

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 63796

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4-30 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Blanche Paca

(a) RESIDENCE No. 1912 Bolton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frances Paca

6 DATE OF BIRTH (month, day, and year) Nov 2. 2.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	2.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frank Beard
(Address) 1912 Bolton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1930, to Dec. 31, 1930, that I last saw h. alive on Dec. 31, 1930, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the sigmoid colon

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Pyelonephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) [illegible], M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/3/1931

20 UNDERTAKER Wm Cook 1217

ADDRESS St Paul St

Spec.—1-30—M. & T.—250 Bks

Tamares

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

63797

E 63797

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. High ST. 3-5 WARD)

2-FULL NAME Martha [redacted] Tamares

(a) RESIDENCE NO. 13 S. High ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 9. 6 Tamares [redacted]

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64 yrs		—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER Isaac Kazar
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Nettie Caplan
(Address) 13 S. High

15 Filed ..... 19 ..... O. HANDY JONES, Jr. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Jan 1, 1931, that I last saw h. alive on Jan 1st, 1931, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:
Diabetes mellitus
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) acidosis
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) B. Kadin, M. D.
1/1, 1931 (Address) 2306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rendsburg Cem
DATE OF BURIAL 1/2 1931

20 UNDERTAKER Jack Lewis
ADDRESS 1439 E. Baltimore

Spec.—9-30—A. & Co.—250 Bks.

E 63798

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-E 63798

CERTIFICATE OF DEATH.

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No ..... ST. 26-37 WARD

REGISTERED No .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Wolfe

(a) RESIDENCE No. 3509 Dillon St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of John Wolfe

6 DATE OF BIRTH (month, day, and year) April 27, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Bader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Marie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19..... C. ELWOOD JONES, M. D. Registrar

2-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1930, to Jan. 1, 1931 that I last saw her alive on Jan. 1, 1931 and that death occurred, on the date stated above, at 10:30 A.m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic

(duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, unknown

Senile. (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podget. M. D.

1, 1931 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwarz Cem

DATE OF BURIAL Jan 4 1931

20 UNDERTAKER John Uenick

ADDRESS 2018 Orleans

Spec.—1-30—M. & T.—250 Bks.

24 3004
E 63799

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 63799

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 6-4 WARD)

2-FULL NAME Frank Bamlach

(a) RESIDENCE NO. 117 N. Duncan ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louise Bamlach

6 DATE OF BIRTH (month, day, and year) Mar. 15, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	59	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) "

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Records
(Address)

15 Filed 2 1931, 19.. C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1930, to Dec 31, 1930, that I last saw him alive on Dec 31, 1930, and that death occurred, on the date stated above, at 9 20 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Chronic diffuse nephritis
(duration) ? yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) ~~Arteriosclerosis Hypertension~~ Bronchopneumonia (R. & L.)
Uremia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Postmortem

(Signed) John A. Washington, M. D.

12/31/19 30 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Jan. 3 1931

20 UNDERTAKER Henry Hoech Sons, Inc. — ADDRESS 1301 E. Eager St.

Form 12-22-21—E.B.E.S.—400 Bks.

E 63800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 914 N. Mount St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Wall

(a) Residence No. 914 N. Mount St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-~~Single, Married, Widowed, or Divorced~~ Baby (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 29, 1930.

7-AGE ..... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... ood

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore
(State or Country) md

PARENTS

10-NAME OF FATHER, James Wall

11-BIRTHPLACE OF FATHER (city or town) N. Carolina
(State or Country)

12-MAIDEN NAME OF MOTHER, Emma Lee Robinson

13-BIRTHPLACE OF MOTHER (city or town) N. Carolina
(State or Country)

14 (Informant) .....

(Address) .....

15- Filed ..... 193 .....

Registrar.

N2 - 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 31, 1930

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 ..... 19 30 to Dec 31 ..... 19 30 ; that I last saw him alive on Dec 30 ..... 19 30 ; and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature baby. (26 wks.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Tom H. Kenny Ford M. D.

12/31/1930 (Address) Mount Hope

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ... 19....

20-UNDERTAKER FETUS DESTROYED BY BURNING ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63801

3/✓ E 63801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 15 05 E. Fayette St., 69 Ward)

2-FULL NAME Mackey Taylor

(a) RESIDENCE NO. 1505 E. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ephriam Taylor

6 DATE OF BIRTH (month, day, and year) Dec 27/1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Georgia

PARENTS

10 NAME OF FATHER Griffin Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Georgia

12 MAIDEN NAME OF MOTHER Catherine Denmac

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Georgia

14 Informant Ephriam Taylor
(Address) 1505 E. Fayette St

15 Filed ..... 19..... Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? City Hosp. Records

(Signed) J. C. H. Allen, M. D.

Jan 2/30 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Osborne Cemetery	1/3/31
20 UNDERTAKER	ADDRESS
Robert E. Williams	1518 W. Oliver

W2 - 1931 ... JONES, M. D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

E 63802

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-001 E 63802

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Fell St. ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abraham Schloss

(a) RESIDENCE NO. 901 Fell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
59	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Schloss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fagie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Sophia Schloss
(Address) 901 Fell st.

15 Filed JAN 2 - 1931 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 1, 1931, that I last saw him alive on Dec 31, 1930, and that death occurred, on the date stated above, at 9.35 a.m.

The CAUSE OF DEATH* was as follows:
Cardiac dilatation
Atrio sclerosis
pulmonary Congestion
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) no
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Nathan Hufford, M. D.

Jan 1, 1931 (Address) Mt Wilson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Jan 2 1931

20 UNDERTAKER A. L. Levinson & Bro — ADDRESS 1127 E Balto st

Spec.—1-12-23—M&T—500 Bks.

E 63803

E 63803

82-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 97-54 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Wolf

(a) RESIDENCE NO. Lemndale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male ~~White~~

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sigmund Lindlar
(Address) Belvedere & Greenspring

15 Filed JAN 2 - 1931 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-1-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec-30, 1930, to Jan-1-, 1931, that I last saw h alive on Jan-1-, 1931 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
about 3 days
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Sindler M. D.

1/1, 1931 (Address) 2404 Eutaw Place
Herman Sindler

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/2 1931

20 UNDERTAKER Joel Garrison & Bro

ADDRESS 1127 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 63804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 904 E 63804

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2946 Clifton Ave. ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles W. Townsend

(a) RESIDENCE NO. 2946 Clifton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary F. Townsend

6 DATE OF BIRTH (month, day, and year) Mch 27-1849

7 AGE: Years 81 Months 9 Days 4 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Townsend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ellison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Charles W. Townsend

(Address) 2946 Clifton Ave

15 Filed ....., 19.. HARRY JONES, Registrar

JAN 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/30

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1930, to Dec 31st, 1930, that I last saw him alive on Dec 29th, 1930 and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) senility (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Coulton, M. D.

12/31, 1930 (Address) 3909 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Jan 2 1931

20 UNDERTAKER: Ellis S. White

ADDRESS: 2454 Madison Ave

Spec.—1-30—M. & T.—250 Bks

E 63805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 63805

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Carroll ST. 21-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella May Lewis

(a) RESIDENCE No. 1420 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Lewis

6 DATE OF BIRTH (month, day, and year) Oct. 31, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3 2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Walter Lathe

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant James H. Lewis (Address) 1420 Carroll St.

15 Filed ..... 19 C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/30

17 I HEREBY CERTIFY, That I attended deceased from 8/10, 1930, to 12/31, 1930, that I last saw her alive on 12/31, 1930, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma uterus — 4

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Pus

(Signed) David Franklin, M. D.

1/1, 1931 (Address) 122 W. Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/5 1930

20 UNDERTAKER Fred R. Roe

ADDRESS 1200 W. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

63806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63806

CERTIFICATE OF DEATH

REGISTERED NO. 116-68

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST. WARD)

2—FULL NAME Benjamin W. Cramer

(a) RESIDENCE NO. Cooks Lane ST., WARD Balto Co.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1.5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Freda M. Cramer (nee Albers)

6 DATE OF BIRTH (month, day, and year) Sept. 30, 1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wash.
(State or country) D. C.

PARENTS

10 NAME OF FATHER Benj. D. Cramer

11 BIRTHPLACE OF FATHER (city or town) Wash.
(State or country) D. C.

12 MAIDEN NAME OF MOTHER K. L. Spears

13 BIRTHPLACE OF MOTHER (city or town) Wash.
(State or country) D. C.

14 Informant Mrs. Freda M. Cramer
(Address) Cooks Lane, Balto. Co.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/30

17 I HEREBY CERTIFY, That I attended deceased from 12/28, 1930 to 12/30, 1930 that I last saw him alive on 12/30, 1930 and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous Appendicitis – Peritonitis & Peritonitis

Illness (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/28/30

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. Ashman, M. D.

19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/2/31 19

20 UNDERTAKER Harry K. Witzke

ADDRESS 4101 E. Monument Ave

JAN 2

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63807

E 63807

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md. Gen. Hospital REGISTERED NO. 101-08

CITY OF BALTIMORE: (No. ST., 28-71 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thos. W. Brittain

(a) RESIDENCE NO. 630 Broadway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 10 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Brittain

6 DATE OF BIRTH (month, day, and year) Feb 27 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Brittain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Clinic Hospital
(Address) records

15 Filed 1930 HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-30

17 I HEREBY CERTIFY, That I attended deceased from 12-24, 1930, to 12-30, 1930, that I last saw him alive on 12-30-30, 1930, and that death occurred, on the date stated above, at 9:28 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John V. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Pk. Cem

DATE OF BURIAL Jan. 2 1931

20 UNDERTAKER Harry N. Witzke. 416

ADDRESS Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 63808

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001 E 63808

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Pine, ST., Apt 4-20 WARD)

2-FULL NAME Gertrude Sigule

(a) RESIDENCE NO. 1900 Pine av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm Sigule

6 DATE OF BIRTH (month, day, and year) Aug 22. 1907

7 AGE Years 23 Months 4 Days 29 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer Gurle

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robt Bee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Lester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rose Lester
(Address) 1900 Pine av

15 Filed 2-1931 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from 12/27/30 to 12/30/30, that I last saw her alive on 12/30/30, 1930, and that death occurred, on the date stated above, at 7 AM.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Dk

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) 5 x mod. av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weems Post Office

DATE OF BURIAL Jan 2 1931

20 UNDERTAKER Thomas G. Kelson

ADDRESS 1303 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 63809

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 63809

CERTIFICATE OF DEATH

REGISTERED NO. 70-70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Hilton ST. WARD)

2—FULL NAME Carrie Elizabeth Hoffmeister

(a) RESIDENCE NO. 6 N. Hilton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm. M. Hoffmeister

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	61	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm P. Lautenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Briele

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Wm. Hoffmeister Husband

(Address) 6 N. Hilton St.

Filed ....., 19.... Registrar

By

N 2 - 1931

C. HUDSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Dec. 31, 1930, that I last saw her alive on Dec 30, 1930 and that death occurred, on the date stated above, at 2:00 A.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam'n

(Signed) Sartus I. Baggott, M. D.

, 19 (Address) 2229 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Jan 3 1931

20 UNDERTAKER W. M. Coulson

ADDRESS 2238 N. Avenue

Spec.—1-30—M. & T.—250 Bks.

E 63636 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63810

34-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 14-54 WARD)

2-FULL NAME Henry Dyson

(a) RESIDENCE NO. 2227 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Virginia

6 DATE OF BIRTH (month, day, and year): Sept 15-1873

7 AGE: Years 57 | Months 3 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo Dyson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz Summerville

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HANSON JONES Registrar

2-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Jan 1, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 3 50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral accident (hemiplegia) probably syphilitic in origin.

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) John B. Washington, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Jan 5 1931

20 UNDERTAKER: Jerome E. Wright

ADDRESS: 1008 Eutaw

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63811

131

E 63811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4907 Franklin St. W. 48 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma Louise Minnifie

(a) RESIDENCE NO. 4907 Franklin ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of J. Howard Wm Minnifie

6 DATE OF BIRTH (month, day, and year) Nov. 8 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. T. Bolbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Gertrude Thomas
(Address) 4907 Franklin St

15 Filed JAN 2 - 1931 HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1931

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1930, to Jan 1, 1931, that I last saw him alive on Jan 1, 1930, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis - Hyp Blood Pressure
Ch. Int. Nephritis - Chr. Myocarditis
Ascites

(duration) 1 yrs. + mos ..... da.

CONTRIBUTORY (Secondary) Toxemia
(duration) ..... yrs. 1 mos. ..... da.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

Jan 2, 1931 (Address) 501 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 3, 1931

20 UNDERTAKER James Syfer — ADDRESS 1600 N. Mt St

Spec.—1-10-21—M&T—1500 Blks.

E 63812

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 63812

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Manhattan Ave ST. ~~WARD~~)

2-FULL NAME Roxanna Ethren Summers

(a) RESIDENCE No. 1542 Perna Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John L. Summers

6 DATE OF BIRTH (month, day, and year) Sept. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73	4.	–	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mrs H. L. Summers
(Address) 2500 Manhattan Ave

15 Filed 1931 C. HARRY JONES, M. D., Registrar

2-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1930, to Jan 1, 1931, that I last saw her alive on Jan 1, 1931, and that death occurred, on the date stated above, at 1:25 A. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia (bi-lateral)

(duration) yrs. mos 2 1/2 ds.

CONTRIBUTORY (Secondary) Paralysis left side of body (duration) yrs. mos 4 1/2 ds.

18 Where was disease contracted if not at place of death? 1542 Perna Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical

(Signed) D. R. Wartz, M. D.

1/1, 1931 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wood Lawn Cem.

DATE OF BURIAL: Jan. 3 1931

20 UNDERTAKER: Jesse L. Syfer

ADDRESS: 1600 N. Howard Ave

FION is very important. See instructions on back of certificates.

Spec. 7-17-26 A Co. 200 Bks.

E 63813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63813

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 136 N. Read St St. 11-24 Ward)

2-FULL NAME Margaret Hinseling.

(a) RESIDENCE NO. 136 N. Read St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Conrad Hinseling.

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1870

7 AGE: Years 60 Months 11 Days 14 IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor (Housewife)
(b) General nature of industry, business, or establishment in which employed (or employer): House Keeping 037
(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Philip Heim.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Barbara Tempel.

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md

14 Informant: Conrad Hinseling.
(Address) 136 N. Read St

15 FILED 1931 C. HUNTER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 30. 1930.

17 I HEREBY CERTIFY, That I attended deceased from Oct 1. 19 30. to Dec 30. 19 30.
that I last saw her alive on Dec 30. 19 30
and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus
(duration) ___ yrs. 6 mos ___ ds.

CONTRIBUTORY (Secondary) none
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted
If not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical Exa. Path.
(Signed) Thos. Watson M. D.
1/1/30 19 (Address) 888 N. Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cmt. Date of Burial 1/2/31 19

20 UNDERTAKER: Geo Furlach ADDRESS 525 N. Lynchburg.

very important. See instructions on back of certificates.

Spec.—1-10-21 MAT 1500 Blks.

E 63814

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 63814

CERTIFICATE OF DEATH.

101-001

15-60

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Smallwood ST. WARD)

2-FULL NAME Engela - Catherine Steinhagen

(a) RESIDENCE NO. 2114 - Smallwood ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27, 1856

7 AGE: Years 74 Months 10 Days 3 If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Hanover (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Steinhagen Jr (Address) 2114 Smallwood

15 Filed N 2 - 1931 19 C. HARRISON DAVIS Registrar

Ref. .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930, to Dec. 30, 1930, that I last saw her alive on Dec. 30, 1930, and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. W. Kovey M. D.

19 (Address) 1612 - W Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 2 1931

ADDRESS 133 Collins

20 UNDERTAKER Vernon Teeter

THIS is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 ✓

E 63815

CERTIFICATE OF DEATH

E

REGISTERED NO. (If d a hosp tion, g instead number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST., 16-27 WARD)

2—FULL NAME Mary Holmes.

(a) RESIDENCE NO. 1004 Vincent ST., WARD
(Usual place of abode) (If non-resident give city or town and

Length of residence in city or town where death occurred 31 yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. d

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15/1899

7 AGE: Years 31 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home-keeper 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna - unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Records

(Address) West Balto Gen Hosp

15 Filed 2-1931 16 [illegible] Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/30

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1930, to 12/25, 1930 that I last saw her alive on 11/25, 1930 and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Uterine Hemorrhage

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) H. Ashman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: Jan 2, 31

20 UNDERTAKER: Joseph A Lively

ADDRESS: 409 Mount

Spec.—9-30—A. & Co.—250 Bks. Jerome F. Thomas

HEALTH DEPARTMENT—CITY OF BALTIMORE

63816 129 E 63816

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Race. St. 23-31 WARD)

2. FULL NAME Jerome F. Thomas

(a) RESIDENCE No. 1619 Race. St. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thomas.

6 DATE OF BIRTH (month, day, and year) May 12, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26.	7.	12.	

8 OCCUPATION OF DECEASED 003

(a) Trade, profession or particular kind of work Baker.

(b) General nature of industry, business, or establishment in which employed (or employer) A. & P. Stores.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

PARENTS

10 NAME OF FATHER Michael J. Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Martinsburg, W. Va.

12 MAIDEN NAME OF MOTHER Mary A. Gill.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Thereen Schmidt.
(Address) 1619 Race St.

15 Filed JAN 2 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1930, to Dec. 31, 1930 that I last saw him alive on Dec. 31, 1930 and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. E. Campbell M. D.

1/2. 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral Cem. DATE OF BURIAL Jan 1931

UNDERTAKER H. Howard Evans ADDRESS 38 S. Fremont

Spec.—1-30—M. & T.—250 Bks.

E 63817

HEALTH DEPARTMENT—CITY OF BALTIMORE

122 1001 E 63817

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Divisions Ave ST., ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Layton

(a) RESIDENCE No. 1912 Shirwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank M. Layton

6 DATE OF BIRTH (month, day, and year) 11/18/1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Hyman

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Amick

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Frank M. Layton (Address) 1912 Shirwood

Filed JAN 2 - 1931 JOHN E. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-31

17 I HEREBY CERTIFY, That I attended deceased from 12-25-30, 19..., to 1-1-31, 19...,

that I last saw h. alive on 1-1-31, 19...,

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows: Strangulated Right Femoral Hernia

(duration) ....yrs. ....mos 8 ds.

CONTRIBUTORY (Secondary) Nephritis 1

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-25-30

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. B. Kendrick, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1/5/31, 19..

20 UNDERTAKER George J Rutkowski

ADDRESS 1735 Harford

Spec.—2-29-28—L. F. S.—500 Bks.

E 63818

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 133-002 E 63818

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814-N. Carolina ST., 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abraham Wattermyer

(a) RESIDENCE NO. 1814 N. Carolina ST., WARD Whitehall, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Wattermyer

6 DATE OF BIRTH (month, day, and year) Oct 31st 1860

7 AGE: Years 70 | Months 2 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa

PARENTS

10 NAME OF FATHER John Wattermyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md

14 Informant Geo. Wattermyer
(Address) 1814 N. Carolina St.

15 Filed 2-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1931

17 I HEREBY CERTIFY, That I attended deceased ~~from~~ on Dec 30th, 1930, to ....., 19...., that I last saw him alive on Dec 30th, 1930, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Cystic Nephrosis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Whitehall, Md

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. M. C. Carter, M. D.

1111 Harford Ave, 19 31 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cypress Chapel - white Hdl Md

DATE OF BURIAL 1/3/31, 19

20 UNDERTAKER George J. Ruth Sons

ADDRESS 1135 Hoffman

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 ✓

E 63819

CERTIFICATE OF DEATH.

E 63819

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Hope ST. 9-18 WARD)

2-FULL NAME Philip Michael

(a) RESIDENCE NO. 1703 Hope ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 31 1930

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Philip J. Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Edna Dempsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Philip Michael
(Address) 1703 Hope St.

15 Filed Dec 31 1930 ELLISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1930

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred, on the date stated above, at (5 min) m.

The CAUSE OF DEATH* was as follows:

Premature birth
Premature separation of placenta

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Foetus & History

(Signed) Edward H Benson M. D.

1/2 1931 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL 1/4/31

20 UNDERTAKER George J. Dietrich — ADDRESS 1730 Hope

NOTE—It is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 63820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓

REGISTERED NO. E 63320

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Argyle St. 17-24 WARD)

2-FULL NAME Clarence H. Briscoe

(a) RESIDENCE No. 1323 Argyle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Briscoe

6 DATE OF BIRTH (month, day, and year) Dec 8-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoeform
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Chas H. Briscoe

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country) U.S.

12 MAIDEN NAME OF MOTHER Fanie R. Reed

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country) U.S.

14 Informant Chas H. Briscoe
(Address) 1323 Argyle St.

15 Filed Jan 2 1931 G. HARRISON JONES, JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

mitral Stenosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Finch, M. D. Coroner

(Address) Gordon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Louis Bur

DATE OF BURIAL Jan 2 1931

20 UNDERTAKER Dan'l Carter

ADDRESS 916 Reed

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E 63821

CERTIFICATE OF DEATH

E 63821

REGISTERED NO. 24-33

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1419 William St. ST., WARD)

2—FULL NAME Leon C. Harris

(a) RESIDENCE NO. 1419 William St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Naomi M. Harris

6 DATE OF BIRTH (month, day, and year) Aug. 12 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	33	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Hutzler Bros

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rosa Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Harris
(Address) 1419 William St.

15 Filed 2-1931 C. Edmondson Jours Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12. 30. 30.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25. 1930, to 12. 30. 1930, that I last saw him alive on 12. 30. 30. 1930, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Only

(Signed) Philip B. Towles M. D.

Dec. 31 1930 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 3/31

20 UNDERTAKER J. Geo McCully — ADDRESS 130 E. Fort

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

63822

44 E 63822

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Chester ST. 8-17 WARD)

2-FULL NAME Joseph H. Jenkins

(a) RESIDENCE NO. 1211 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) own

(c) Name of employer for Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm. Jenkins

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Co. Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known
(State or country)

14 Informant Mrs. M. Kratzer (Daughter)
(Address) 1211 N. Chester

15 Filed JAN 2 - 1931 JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1930, to Dec. 31, 1930, that I last saw him alive on Dec. 30, 1930, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach & Omentum

(duration) ....yrs. 6 mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of June 1930

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Tests

(Signed) Albert Singewald, M. D.

1/7/1931 (Address) 613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cemetery	Jan 5 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager

Spec.—1-30—M. & T.—250 Bks

63823

HEALTH DEPARTMENT—CITY OF BALTIMORE

3-004

E 63823

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4316 LaSalle Ave. ST. 26-42 WARD)

2-FULL NAME George H. Kirkwood

(a) RESIDENCE NO. 4316 LaSalle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Kirkwood

6 DATE OF BIRTH (month, day, and year) July 5-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Refiner

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer B. C. S. + R. Co.

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph F. Kirkwood

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Jermima Collins

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Joseph F. Kirkwood
(Address) 4316 LaSalle Ave

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1-1931

17 I HEREBY CERTIFY, That I attended deceased from September 11, 19 30, to Jan. 1, 19 31, that I last saw him alive on Jan. 1, 19 31, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma - L. Cervicle - 5th rib R. + R. Lung.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Brights Disease
(duration) ? yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Xray

(Signed) Henry E. Wilson M. D.

, 19 (Address) 3 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Jan 4 19 31

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63824

CERTIFICATE OF DEATH

31 ✓

E 63824

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Eastern ave. ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Birner

(a) RESIDENCE NO. 2711 Eastern ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C.

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bart. Sawer.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John G. Birner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Sachs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Martha Blume.

(Address) 2423 Eastern ave.

15 Filed 2 1931 C. MARSHALL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30/30

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Dec. 30, 1930

that I last saw him alive on Dec. 30, 1930

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis Hypostatic Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

(Address) 2534 Eastern ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL Jan 3 1931

20 UNDERTAKER John J Duda — ADDRESS 2811 Hudson st

Spec.—I-30—M. & T.—250 Bks

E 63825

HEALTH DEPARTMENT—CITY OF BALTIMORE

100.00 E 63825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hosp

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Andrews

(a) RESIDENCE No. 7275 Lakewood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of
unknown

6 DATE OF BIRTH (month, day, and year) June 9 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? ?

(b) General nature of industry, business, or establishment in which employed (or employer) ? Ret.

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Andrews

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Pritchard

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Md.

14 Informant Family
(Address) Baltimore City Hosp.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-30

17 I HEREBY CERTIFY, That I attended deceased from 12-6-, 1929, to 12-31-, 1930, that I last saw him alive on 12-31-, 1930, and that death occurred, on the date stated above, at 8 50 P m.

The CAUSE OF DEATH* was as follows:
Hemolytic Intravascular
Various ulcers of legs.

(duration) ? yrs. mos ..... da.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 7 da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Fred M. Duckwall, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Jan 3 1931

20 UNDERTAKER M. W. E. Dippel Inc

ADDRESS 37 Lanc

Filed 2 1931, 19 C. HAMPSON JONES, M. D. Registrar

Spec.—1-30—M. & T.—250 Bks.

E 63826

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 63826

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-63 WARD)

2-FULL NAME Mrs. Ella Kaplan

(a) RESIDENCE NO. 4017 Dorchester Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of David I. Kaplan

6 DATE OF BIRTH (month, day, and year) — 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Sherman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Sherman
(Address) 4017 Dorchester Rd

15 Filed 2-1931 19 C. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1930, to Jan 2, 1931, that I last saw her alive on Jan 2, 1931, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vasc-Renal Disease
Cardiac Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Archie Robert Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sharon Friendship — DATE OF BURIAL 1-4- 1931

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Baltimore St

1-30—M. & T.—100 B—50L

E 63827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63827

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Light & Lee Sts. ST. 77-6 WARD)

2-FULL NAME Levi Larks. (C)

(a) RESIDENCE NO Do not know. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mess boy, Stmr.
(b) General nature of industry, business, or establishment in which employed (or employer) State of Virginia.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed 2 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto Hemhardt, M. D. Coroner

12/30/30 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 2 - 1931 19

20 UNDERTAKER Commissioner Health.

ADDRESS

JOHNS HOPKINS HOSPITAL
THE MORGUE
5383

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63828

REGISTERED NO. 74-001 E 63828

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 China ST., 22-30 WARD

2-FULL NAME Ned Davis

(a) RESIDENCE NO. 607 China ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant .....
(Address) .....

15 Filed ..... 1931 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 19 30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D. Coroner

12/31, 19 30 (Address) 2739 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JAN 2 - 1931 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
THE MORGUE

Cor.—10-10-29—A Co.—100 Bks.

E 63829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-001

E 63829

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at Franklin Sq Hospital

City of Baltimore: (No. ..... St., 18-21 (Ward)

2-FULL NAME Sam Burrell

(a) RESIDENCE NO. ~~228~~ 238 Bowers Court St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 73 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab.
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: ?

9 BIRTHPLACE (city or town): Unknown
(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unknown

14 Informant: Police
(Address)

15 Filed ..... 19 ..... C. Nelson Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1930

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Strangulated Hernia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. S. Brooks M. D.

Dec 23 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: JAN 2 - 1931

20 UNDERTAKER: Undertaker Dead

ADDRESS

Important. See instructions on back of certificate.

2 - 1931

THE MORGUE

1-30—M. & T.—100 B—50L

E 63830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63830

CERTIFICATE OF DEATH

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Colvin St. ST., 5-8 (WARD)

2-FULL NAME Andrew Brown. (C)

(a) RESIDENCE NO 108 Colvin St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Junk dealer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed ..... 192 ..... 16 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Reinhardt, Coroner, M. D.

12/30/30 Address 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JAN 2 - 1931 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
C. HUNTER JONES, M.D.
Commissioner Health
THE MORGUE
5336

1-30—M. & T.—100 B—50L

E 63831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 63831

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail. ST. 10-15 WARD)

2-FULL NAME Renford Satterfield. (C)

(a) RESIDENCE NO Do not know. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denton, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Baltimore City Jail.
(Address)

15 Filed 2 1931, 192 ..... Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 25, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/30/30 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JAN 2 - 1931 19

20 UNDERTAKER Commissioner of Health.

ADDRESS

UNIVERSITY OF MARYLAND LIBRARY

1-30—M. & T.—100 B—50L

E 63832

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63832

66

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Colvin St. ST. 5-8 WARD)

2-FULL NAME John Boots.(C)

(a) RESIDENCE No 102 Colvin St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 25, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

12/30/30 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JAN 2 - 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

JAN 2 - 1931

THE MORGUE.

1-30—M. & T.—100 B—50L

E 63833

HEALTH DEPARTMENT—CITY OF BALTIMORE

198 E 63833

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Carlton ST. 14 WARD)

2-FULL NAME Estella Brown.

(a) RESIDENCE NO 1576 Wilmer ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced (write the word) Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1900–

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Elias Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Lovett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm Cook
(Address) 630 Lambert St

15 Filed ..... 192 ..... Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Hemorrhage due to stab wound of lung and heart
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dirk knife.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1014 Carlton

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. G. Luck, M. D. Coroner

Jan 5, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 5 1931

20 UNDERTAKER John H Owens

ADDRESS 518 Dolphin St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63834 185 E 63834

CERTIFICATE OF DEATH

1—PLACE OF DEATH Home for Incurables

REGISTERED NO. 13557

CITY OF BALTIMORE: (No. 40th St. - Resinick Rd. STR. Baltimore WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Susan Maria Lowman

(a) RESIDENCE NO. Home for Incurables ST.

(Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of H. J. Lowman

6 DATE OF BIRTH (month, day, and year) Dec 28 - 1839

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER William Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Mary Ann Knodle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records.

(Address)

Filed 2 1931 19 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 - 1930

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1930, to Dec 31st, 1930, that I last saw her alive on Dec 28, 1930 and that death occurred, on the date stated above, at 6 45 p. m.

The CAUSE OF DEATH* was as follows:

Fracture neck of femur

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam — X ray

(Signed) W. W. Mayo M. D.

1/1 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimoreville Washington Co Md

DATE OF BURIAL 1/3/31 19

20 UNDERTAKER: John A. Moran

ADDRESS 3000 E. Balto St.

Spec.—9-30—A. & Co.—250 Bks.

E 63835

HEALTH DEPARTMENT—CITY OF BALTIMORE

107

E 63835

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No ..... ST. 3-5 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Paul T. Morrison

(a) RESIDENCE No. 924 Watson ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16 1897

7 AGE: Years 33 Months 3 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of
(Address) Balto. City Hosp.

15 Filed ..... 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29-30, 19..., to 1-1-31, 19...

that I last saw him alive on 1-1-31, 19...

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholism, chronic (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History; Exam.

(Signed) Paul Padget M. D.

1-2, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilkesboro N. C. DATE OF BURIAL: Jan 2nd 1931

20 UNDERTAKER: John C. Miller ADDRESS: 2435 E. Oliver

Cor.—10-10-29—A Co.—100 Bks.

63836

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-001 63836

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Sinai Memorial Hos. St., Ward)

2-FULL NAME Samuel Miller

(a) RESIDENCE NO. 5104 Drumhor St., or Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Anna S Miller

6 DATE OF BIRTH (month, day, and year) July 18, 1875

7 AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
55	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Collector
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Solomon Miller

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mol Brown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Lionard Miller
(Address) 5104 Drumhor

15 Filed JAN 2 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1931

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebular Disease of Heart

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....
Did an operation precede death? Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) John Mossner, M. D.
1/2 1934 (Address) 7826 Rolandn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Wood	Jan 5, 1931
20 UNDERTAKER Fred R. Cole	ADDRESS 1210 W Lombard

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63837 HEALTH DEPARTMENT—CITY OF BALTIMORE 19 E 63837

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 24-33 WARD)

2-FULL NAME Donald Brigerman

(a) RESIDENCE NO. 762 East First Ave. (Fort Ave) ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 22 - 1930

7 AGE Years	Months	Days 10	If LESS than 1 day, ...hrs. or ....min.
	one	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Brigerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ella Upright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Mrs Ella Brigerman
(Address) 762 E Fort Ave

15 Filed ..... 19 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1930, to Jan 2/1931, 19....,

that I last saw him alive on Jan 2, 1931,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Malnutrition (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Jesse [illegible] M. D.

1/2/, 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Jan 3 1930

20 UNDERTAKER Chas R. Storm

ADDRESS 1536 E Fort

Spec.—1-30—M. & T.—250 Bks.

63838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63838

95-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Hull St. ST. 24-35 WARD)

2-FULL NAME Stephen Neumann

(a) RESIDENCE No. 1445 Hull St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Brauning

6 DATE OF BIRTH (month, day, and year) Sept. 11. 1863

7 AGE 67	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Work Work

(c) Name of employer Balto City Harbor Board

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Stephen Neumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Elizabeth Neumann
(Address) 1445 Hull St. Balto, Md.

15 Filed 1931 19 C. HARRISON JONES, M. D. Registrar
Reg. NKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1. 1931

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1930, to Dec 30, 1930, that I last saw h. alive on ..... and that death occurred, on the date stated above, at 1¼ a. m.

The CAUSE OF DEATH* was as follows:

a Cardio Renal Disease
(duration) 2 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs, (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Walter Thomas M. D.

Jany 2, 1931 (Address) 1278 Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C & C Co Md

DATE OF BURIAL Jan 5 1930

20 UNDERTAKER Chas. R Stearns

ADDRESS 1501 E Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

(Baumann)

E 63839

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 63839

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Linden & Madison ST., 11 WARD

2—FULL NAME Phillip C. Baumann

(a) RESIDENCE NO. 9 Willow Ave ST. WARD

(Usual place of abode) Overlea, Balto. Co. Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Baumann

6 DATE OF BIRTH (month, day, and year) April 28, 1867

7 AGE: Years 63 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Meade Bakery

9 BIRTHPLACE (city or town) (State or country): Balto. Maryland.

PARENTS

10 NAME OF FATHER: Charles W. Baumann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christine Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Hospital records

(Address)

15 Filed ....., 19..... C. HARRISON JONES, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1930, to Dec 31, 1930, that I last saw him alive on December 31, 1930 and that death occurred, on the date stated above, at 5:40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ½ ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical + Autopsy Findings

(Signed) Robert T. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan. 3 1931

20 UNDERTAKER: Fred Lassahn & Sons — ADDRESS: 7401 Belair Rd.

Cremated Jan 3 1931 Fred Lassahn & Sons

1-30—M. & T.—100 B—50L

E 63840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63840

CERTIFICATE OF DEATH

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 27-44 WARD)

2-FULL NAME William L. Little.

(a) RESIDENCE NO 2810 Grindon Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ------ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) December 9, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron worker.
(b) General nature of industry, business, or establishment in which employed (or employer) 079
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pa..

PARENTS

10 NAME OF FATHER Amos F. Little.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Annie R. Pennell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Annie R. Little. (mother)
(Address) 2810 Grindon Ave.

15 - 1931 C. HANSON JONES, M. D. 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2810 Grindon Ave.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hemhardt, M. D. Coroner

1/2/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Jan. 3 1931

20 UNDERTAKER Fedk. Lassahn & Sons — ADDRESS 7401 Belair Rd.

Spec.—1-30—M. & T.—250 Bks

E 63841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63841

CERTIFICATE OF DEATH.

79-001

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Church Home & Infirmary ST. 26-29 WARD)

2-FULL NAME Jesse Lee Meadows

(a) RESIDENCE NO. 3530 Esther Place ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Dec. 24. 1904

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steelworker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Meadows

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Carrie L. Merica

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant John Meadows
(Address) 3530 Esther Place

15 Filed 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1930, to Jan. 1, 1931, that I last saw him alive on Jan. 1, 1931, and that death occurred, on the date stated above, at 4:50 P.m.

The CAUSE OF DEATH* was as follows:
Pneumococcus meningitis

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Vernon H. Mendell, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1-3-31

20 UNDERTAKER Mathias Jones Sons

ADDRESS 424 N. Broadway

Spec. 8-16-29—L. F. S.—100 Bks.

E 63842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63842

CERTIFICATE OF DEATH

93-003 ✓

REGISTERED NO. 27-56

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5800 Park Hgts Ave ST. ..... WARD)

2—FULL NAME Florence C. Carter

(a) RESIDENCE NO. 5800 Park Hgts Ave ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John T. Carter

6 DATE OF BIRTH (month, day, and year) Jan. 1861

7 AGE 70 Years 69 | Months 11 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Joseph M. Carter
(Address) 5800 Park Hgts Ave.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 - 1931

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Jan 1, 1931, that I last saw he alive on Jan 1, 1931 and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wells, M. D.

, 19 (Address) 5256 Park Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL Jan. 3, 1930

20 UNDERTAKER Martin Faherty Sons — ADDRESS 1827 W. North Ave

Spec.—1-30—M. & T.—250 Bks.

E 63843

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-001 E 63843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 12-50 WARD)

2-FULL NAME Miss Eleanor D. Brown

(a) RESIDENCE No. 14 E. 25th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
approx 65 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse R.N.

(b) General nature of industry, business, or establishment in which employed (or employer) Oct 8

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Richard Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Eliz. Devall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel

14 Informant Harriet D. Dallam
(Address) 407 Mt Royal ave

Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1930, to Jan 1, 1931, that I last saw her alive on Jan 1, 1931, and that death occurred, on the date stated above, at 10 16 P.m.

The CAUSE OF DEATH* was as follows:
Subacute bacterial endocarditis
(Streptococcus viridans)

(duration) yrs. 5 ? mos ..... ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory test.

(Signed) Richard Frances, M. D.

1/1/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 2 1931
20 UNDERTAKER	ADDRESS
John O. Mitchell Sons	1900 Eutaw Place

2 - 1931

1-30—M. & T.—100 B—50L

186-001 E 63844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63844

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 12-50 WARD)

2-FULL NAME James H. Gray.

(a) RESIDENCE NO 2727 St Paul St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. ; ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer) dealer.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James L. Gray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary L. Hay.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Joseph West. (brotherinlaw)
(Address) 13 W. Mt Royal Ave.

15 FEB - 1931 1932 C. HANSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Compound fracture of right and left fibula & tibia,. Fractured ribs.
Occidental fall down steps.
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore Atheletic Club.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/2/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Jan 3. 1931

20 UNDERTAKER John O Mitchell & Sons — ADDRESS 910 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

E 63845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63845

CERTIFICATE OF DEATH.

REGISTERED NO. 28-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 371 N Milford ave ST. WARD)

2-FULL NAME John Frederick Scholle

(a) RESIDENCE No. 371 N Milford ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Krauss Scholle

6 DATE OF BIRTH (month, day, and year) Oct 7 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer

9 BIRTHPLACE (city or town) Hanover
(State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Hanover
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Hanover
(State or country) Germany

14 Informant Katherine Scholle
(Address) 371 N. Milford ave

15 Filed ..... 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1931, to Jan 2 1931, that I last saw him alive on Jan 1 1931, and that death occurred, on the date stated above, at 4-30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos 2 ds.

CONTRIBUTORY (Secondary) Old age

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) G. C. Smith, M. D.

Jan 2, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park cemetery

DATE OF BURIAL Jan 5 1931

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. Pratt ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

180 E 63846

E 63846

CERTIFICATE OF DEATH

28-64

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ward) WARD)

2-FULL NAME Joseph R. Douglass.

(a) RESIDENCE No 3106 Ferndale Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. [redacted] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~XXXXXXXX~~ ~~XXX~~ WIFE of Lucy J. Douglass.

6 DATE OF BIRTH (month, day, and year) October 13, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Type operator.
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer The Post.

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Robert Douglass.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Cora Tucker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Lucy J. Douglass. (wife)
(Address) 3106 Ferndale Ave.

15 [illegible] 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, Accidental fall from a window of the burning Post Building.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? The Post Building Hanover & Lombard Sts.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, Coroner, M. D.

1/2/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 1/3 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

63847

E 63847

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Linden Ave ST., ... WARD)

2-FULL NAME Agnes Harris

(a) RESIDENCE NO 1209 Linden Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	22	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Harris
(Address) 5 Culvert St.

15 Filed 1931 192 C. ALDERSON JONES, M. D. Registrar By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Asphyxia.

(duration) Sudden mos. ds.

CONTRIBUTORY (Secondary) Illuminating Gas (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Funk, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 1/3 1931

20 UNDERTAKER J. J. Trahey & Son

ADDRESS 1318 Light St

1-30—M. & T.—100 B—50L

E 63848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63848

CERTIFICATE OF DEATH

REGISTERED NO. 16-22 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Gilmor St. 16 WARD)

2-FULL NAME Jas. A. Scribner

(a) RESIDENCE No. 502 N. Gilmor St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug 4 1930

7 AGE Years Months 8 Days 29 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) U

12 MAIDEN NAME OF MOTHER Maria Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Sarah Scribner
(Address) 502 N Gilmor

15 C. HARRISON JONES, M. D.
File 3 - 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

....(duration) ....yrs. ....mos 4 ds.

CONTRIBUTORY (Secondary) ....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ....., M. D. Coroner

1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan. 3 1931

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Carey St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 63849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63849

CERTIFICATE OF DEATH

100-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Sarah Ann ST. 8th WARD)

2—FULL NAME Mary Butler

(a) RESIDENCE NO. 814 Sarah Ann ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 48 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0/7

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Mary E. Mack

(Address): 409 Newington Ave

File No. 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31, 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Dec 31, 1930, that I last saw h[illegible] alive on Dec 28, 1930 and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) George McDonald M. D.

, 19 (Address) 900 W Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 1 1931

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 63850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63850

CERTIFICATE OF DEATH

46-006

REGISTERED NO. 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 W. North Ave. ST., WARD)

2—FULL NAME Mrs Helen Barton Cook

(a) RESIDENCE NO 2034 W. North Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Geo. W. Cook

6 DATE OF BIRTH (month, day, and year) Aug. 18th 1861

7 AGE: Years 69 | Months 4 | Days 15 | If LESS than 1 day, ...hrs. or ....min. 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

031

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Jno. W. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Eliz R. Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Mrs Mary E. Thomas

(Address) 2026 N. Calvert St

15 C. HARRISON JONES, M. D. Registrar

1931 RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 2/31

17 I HEREBY CERTIFY That I attended deceased from Dec. 13, 1930, to Jany 2nd 1931, that I last saw her alive on Jany 2nd 1931, and that death occurred, on the date stated above, at 5:12 noon m.

The CAUSE OF DEATH* was as follows:

Carcinoma involving Pancreas & Gall Bladder

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Nurse Sobleson, Gallstones

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Possible

(Signed) E. Jones, M. D.

Jan 2, 1931 (Address) 1605 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dudon Parkebury

DATE OF BURIAL Jan 5 1931

ADDRESS 2238 N. North

20 UNDERTAKER Wm Coulton

Spec.—9 30—A. & Co.—250 Bks

E 63851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63851

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 5th St. 25-15 Ward 46-05)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Marina G. Brown.

(a) RESIDENCE No. 3724 5th St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlie E. Brown

6 DATE OF BIRTH (month, day, and year): Sept 19-1881

7 AGE: Years 49. Months 3 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Thomas. Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Elizabeth McNeal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Margaret E. Forrester
(Address): 3724 5th St.

15 Filed 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1. 1. 31.

17 I HEREBY CERTIFY, That I attended deceased from 9. 24 30, 19..., to 1. 1. 31, 19... that I last saw he alive on 1. 1. 31, 19... and that death occurred, on the date stated above, at 3.10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Hepatica
c metastasis to Intestines & abdominal lymph glands.

CONTRIBUTORY (secondary) Chronic Intestinal obstruction producing starvation (Duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

1. 2. 19 31 (Address) 107 East West

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leatherbut Cemetery

DATE OF BURIAL: Jan. 5 1931

20 UNDERTAKER: F. C. Wanner & Son

ADDRESS: 703 Hamp

Spec.—1-30—M. & T.—250 Bks.

E 63852 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63852

95,001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1116 Rutland Ave. ST., 6-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vaclav Machovec

(a) RESIDENCE No. 1116 Rutland Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Marie Machovec

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Switchman. 040

(c) Name of employer Pa. R. R.

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Marie Machovec
(Address) 1116 Rutland Ave.

15 Filed ..... 19 ..... C. Ellison Jones M. D. Registrar

R - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 1. 31.

17 I HEREBY CERTIFY, That I attended deceased from December 29, 19 30, to Jany. 1st, 19 31, that I last saw him alive on Jany 1st, 19 31, and that death occurred, on the date stated above, at 12 45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul H. A. Meyer M. D.

Jan. 2, 1931 (Address) 1037 N. Caroline Str.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 5 1931

20 UNDERTAKER: Frank Brockson — ADDRESS: 1906 Eden Ave

Spec.—1-12-23—M&T—500 Bks.

E 63853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63853

CERTIFICATE OF DEATH.

1108

1-PLACE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1007 McCulloh ST. 11-24 WARD)

2-FULL NAME Christopher Brown

(a) RESIDENCE No. 1007 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Brown

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: Years 69 Months Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Thomas Brooser
(Address) 1007 McCulloh

15 Filed 1931 19 ADH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1- 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-21-, 1930, to 1-1-, 1931, that I last saw h~~e~~ alive on 1-1-, 1931, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) R. E. Jackson M. D.

1/1/1931 (Address) 6000 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithfield Va

DATE OF BURIAL: Jan 3 1931

20 UNDERTAKER: Samuel Housley

ADDRESS: 578 N. Eutaw

1-30—M. & T.—100 B—50L

E 63854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63854

CERTIFICATE OF DEATH

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 W. Hamburg St. ST. 23-31 WARD)

2-FULL NAME Melvin G. Green. (C)

(a) RESIDENCE NO 146 W. Hamburg St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 21, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William R. Green (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Hilda Gibbs. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Hilda Green. (C) mother.
(Address) 146 W. Hamburg St.

15 Filed ..... 192 ..... Registrar

C. HARRISON JOHNS M.D.

3-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Henwood Coroner, M. D.

1/2/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct — DATE OF BURIAL Jan 3 1931

20 UNDERTAKER O. R. Brown & Son — ADDRESS 108 W. Monroe

Spec.—9-30—A. & Co.—250 Bks.

63855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63855

CERTIFICATE OF DEATH.

88

REGISTERED No. 15-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N. Carey St. WARD)

2 FULL NAME Basil B. Gray.

(a) RESIDENCE No. 1321 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

How Long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gray

6 DATE OF BIRTH (month, day, and year) 6/6/1863

7 AGE: Years 67 Months 3 Days 25 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Joseph Gray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Clara Blackwell
(Address) 1331 N. Carey St.

15 1-1 - 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/30

17 I HEREBY CERTIFY, That I attended deceased from 12/27/, 1930, to 12/31/, 1930 that I last saw him alive on 12/30/, 1930 and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

19 (Address) 1332 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lion Cemetery

DATE OF BURIAL: Jan 4 19 31

20 UNDERTAKER: Mrs. Katie L. Williams

ADDRESS 322 N. Schroeder St.

1-30—M. & T.—100 B—50L

E 63856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 ✓ E 63856

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-30 WARD)

2-FULL NAME Charles F. Podlich

(a) RESIDENCE No. Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Podlich

6 DATE OF BIRTH (month, day, and year) Sept 2nd 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	62	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER August Podlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Rust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Harry E. Podlich
(Address) 4013 Bateman Ave.,

15 Filed 3-1931, 192 ... JONES JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

1/5, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Jan 3 1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63857

E 63857

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3401 Taney Rd (Street) 27-55 (WARD)

2. FULL NAME Hallie Wilfson

(a) RESIDENCE No. 3401 Taney Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wilfson

6 DATE OF BIRTH (month, day, and year) Feb 14/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Forts Pa

PARENTS

10 NAME OF FATHER Henry Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jetta Katzenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ora J. Fort
(Address) 3401 Taney Rd

15 Filed JAN 3 - 1931, 19 ..... HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 1st/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1924, to Jany 1st, 1931, that I last saw h. alive on Jany 1st, 1931, and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis - Arteriosclerosis
Symptoms (duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.
Jany 2, 1931 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL Jany 4th 1931

20 UNDERTAKER David Mondheim & Son — ADDRESS 902 Eutaw Place

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 63858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63858

CERTIFICATE OF DEATH.

161-004

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1941 Mosher ST. 161 WARD

2-FULL NAME Lous Mae Cannon

(a) RESIDENCE No. 1941 Mosher ST., 16 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 29-1930

7 AGE: Years | Months | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) 1941 Mosher

PARENTS

10 NAME OF FATHER Edgar D. Cannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elkton Md

12 MAIDEN NAME OF MOTHER Dorthy Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ludlow Mass

14 Informant Mrs. Dorthy Cannon.
(Address) 1941 Mosher St.

Filed 3 1931, 19 C. HUNSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 - 1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1930, to Jan 2, 1931, that I last saw deceased alive on Jan 1, 1931, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida at birth (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary atelectasis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter E. Frickman M. D.

1/2, 1931 (Address) 2002 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery. DATE OF BURIAL: Jan. 3rd 1931

20 UNDERTAKER: Charles J. Schwab ADDRESS: 505 W. Monroe St.

1-30—M. & T.—100 B—50L

E 63859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63859

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1230 Battery Ave. ST. 24-33 WARD

2-FULL NAME Thomas F. Martin, Jr.

(a) RESIDENCE No 1230 Battery Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary C. Martin.

6 DATE OF BIRTH (month, day, and year) November 13, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baltimore City
(b) General nature of industry, business, or establishment in which employed (or employer) Policeman.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas F. Martin Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ella B. Easton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Mary C. Martin. (wife)
(Address) 1230 Battery Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Geo. W. Hemhardt, Coroner, M. D.

1/2/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem.

DATE OF BURIAL 1/5 1931

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fort

JAN 5 - 1931

Spec.—1-30—M. & T.—250 Bks.

E 63860 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-003 E 63860

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 W Fayette ST. 4-7 WARD)

2-FULL NAME Frank Skodis

(a) RESIDENCE No. 704 W Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1870

7 AGE 60 Years Months Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Victoria Belsky
(Address) 704 W Lombard St.

15 Filed 3 - 1931 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to Jany 1-, 1931, that I last saw him alive on Dec. 31-, 1930, and that death occurred, on the date stated above, at 10 30 pm.

The CAUSE OF DEATH* was as follows:

Myocarditis 6.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation 15
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) M G Freilinger, M. D.

1-2 1931 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislowas | DATE OF BURIAL: Janv. 5. 1931

20 UNDERTAKER: John Grebliauckas | ADDRESS: 433 S Paca St.

Spec.—1-30—M. & T.—250 Bks

E 63861

E 63861

46-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. ..... WARD)

2-FULL NAME Curran Brewer

(a) RESIDENCE NO. 1625 Linden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64 65		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Can. Nas Co.

(b) General nature of industry, business, or establishment in which employed (or employer) 09

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Van Lear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Cora Brewer
(Address) 1625 Linden Ave.

15. Filed 1931, 19 NRM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 19 30, to 1/2, 19 31, that I last saw him alive on 1/2, 19 31, and that death occurred, on the date stated above, at 6:45 p.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Colon

duration) 1 yr. from 10 mos. yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastases to lungs, liver & kidneys

Partial Obstruction (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/31/30

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Vernon K. Norwood, M. D.

, 19 (Address) Vernon K. Norwood Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemy.

DATE OF BURIAL Jan. 5 1931

20 UNDERTAKER John A. Mitchell & Son

ADDRESS 1914 Eutaw Pl.

Spec.—1-30—M. & T.—250 Bks.

E 63862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63862

CERTIFICATE OF DEATH.

121

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 7-4 WARD)

2. FULL NAME Martin J. Connelly

(a) RESIDENCE No. 2022 Bank St. ST., 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Anna Connelly

6 DATE OF BIRTH (month, day, and year) June 1868

7 AGE: Years 62 | Months 6 | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Martin J. Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margt. Dugan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Maude Connelly (Daughter)
(Address) 2022 Bank St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Jan 1, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Acute appendicitis with Peritonitis
(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home 2022 Bank St.

Did an operation precede death? Yes Date of Dec. 27, 1930

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wylie M. Gray, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Jan 5th 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

3 Filed 1931 ... 19 ... Registrar

Spec.—1-30—M. & T.—250 Bks

E 63863

E 63863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 8517 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 E.Lanvale ST., 8 WARD)

2-FULL NAME Lawrence J.Stevenson.

(a) RESIDENCE No. 1909 E.Lanvale ST., 8 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The Late Nellie W. Stevenson

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lawrence W.Stevenson.
(Address) 637 S.Conkling St.

C. HARRISON JONES, M. D.

File 3 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2nd. / 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Jan 2, 1931, and last saw he alive on Jan 2, 1931, and that death occurred, on the date stated above, at 11/50 A.m.

The CAUSE OF DEATH* was as follows:

Senility

Arterio Sclerosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy Ex

(Signed) G. C. Blades, M. D.

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan.6 /31

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S.Wolfe St.

1-30—M. & T.—100 B—50L

E 63864

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 63864

CERTIFICATE OF DEATH

8-12

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Bradford ST. ..... WARD)

2-FULL NAME Theodore T. Kowalewski

(a) RESIDENCE No 1121 N. Bradford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21/30

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jos. P. Kowalewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Agnes Szczulsowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Jos. P. Kowalewski
(Address) 1121 N. Bradford St

15 Filed 3-1931 19 G. HARRISON JONES, M. D., Registrar
By CKW

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

..... (duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. H. Jones, M. D.
Coroner

19 (Address) 508 E. North Ave

Jan 3/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery

DATE OF BURIAL Jan 3rd 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

Spec.—1-30—M. & T.—250 Bks.

E 63865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University of Maryland Hospital

CITY OF BALTIMORE: (No. Lombard & Greene STREET (WARD) 4-30

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson Donald Crawford

(a) RESIDENCE No. Sykesville Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 27 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Milburn Crawford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elsie Durall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Milburn Crawford
(Address) Sykesville Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3 A.M. Jan 3, 1931, to 8.50 AM. Jan 3, 1931, that I last saw him alive on Jan 3, 1931, and that death occurred, on the date stated above, at 8.50 AM.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wylie M. Fair, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sykesville Md.

DATE OF BURIAL Jan 5 1931

20 UNDERTAKER Weer & Son Inc

ADDRESS Sykesville Md.

3 - 1931

Spec.—1-30—M. & T.—250 Bks

E 63866 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hosp. 28-64 ST. WARD) REGISTERED NO. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Kate Roose

2-FULL NAME Katie Roose

(a) RESIDENCE NO. 2204 Aston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: 76 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mothers helper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Roose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) Baltimore City Hosp.

Filed 1931 19 HERMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-31

17 I HEREBY CERTIFY, That I attended deceased from 6-21-, 1929, to 1-2-, 1931, that I last saw her alive on 1-2-, 1931, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows: Generalized arteriosclerosis Varicose ulcers of legs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? not

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Fred M. Duckworth M. D.

1/2, 19 31 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 3 19 31

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West ~~Baltimore~~ St.

Spec.—1-30—M. & T.—250 Bks.

E 63867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63867

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 142 Mosher St. ST., 14-20 WARD)

2-FULL NAME Thomas P. Collins

(a) RESIDENCE NO. 142 Mosher St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 17th, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	3	17	16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Mill Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Patrick Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane O'Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Collins.
(Address) 142 Mosher St.

15 Filed 3-1931, 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 31, to Jan 2, 19 31, that I last saw him alive on Jan 2, 19 31, and that death occurred, on the date stated above, at Jan 3 2 A m.

The CAUSE OF DEATH* was as follows:
Myocarditis
Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene Lower Extr.
(duration) 7 yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. A. Moody M. D.

, 19 (Address) 1403 Bath Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL Jan. 5 19 31

20 UNDERTAKER Chas. P. Ernst & Son

ADDRESS 118 W. Mt. Royal Ave

Spec.—9-30—A. & Co.—250 Bks.

63868

HEALTH DEPARTMENT—CITY OF BALTIMORE

63868

CERTIFICATE OF DEATH.

82-00 12-14

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Guilford Ave St. 12-14 WARD)

2. FULL NAME Catherine Elizabeth Houff

(a) RESIDENCE No. 1825 Guilford Ave ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob G. Houff

6 DATE OF BIRTH (month, day, and year): July 26 1859

7 AGE: Years 71 Months 5 Days 6 If LESS than 1 day, ... hrs. or ... min.

8 OCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 031
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS
10 NAME OF FATHER: William Tobin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Johannah Maher
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Madalene Murphy
(Address): 1825 Guilford Ave

15 Filed 3 1931, 19 ..... CLINTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to January 1st, 1931 that I last saw her alive on January 1st, 1931 and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Paralysis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tonry M. D.
1-1-31, 19 ..... (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Frederick Md. DATE OF BURIAL 1/5 1931

20 UNDERTAKER: Chas P. Crane & Son ADDRESS 118 W. Mt Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63869

CERTIFICATE OF DEATH

94-001

E 63869

(REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Milford Av ST., 28-64 WARD)

2—FULL NAME William S. Ford

(a) RESIDENCE NO. 3508 Milford Av ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Dashmanze Ford

6 DATE OF BIRTH (month, day, and year) Nov 30th 1868

7 AGE: Years 62 | Months 1 | Days 3 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Genl. Painting

(c) Name of employer: Hoar Bros.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Richard Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Katharine Hammell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Rich. Ford
(Address): 3508 Milford Av

15 Filed ____ 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1930, to June 2, 1931, that I last saw him alive on June 2, 1931 and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris
following Mitral heart
and Aortic arteriosclerosis

(duration) yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) as above.

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) [illegible], M. D.

June 2, 1931 (Address) 1606 N. North Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1/5/1931

20 UNDERTAKER: Geo. Weber & Son

ADDRESS: 2503 Edmondson

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63870

CERTIFICATE OF DEATH.

93 03 ✓ E 63870

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Harlem St. 622 WARD)

2-FULL NAME Robert Irvin

(a) RESIDENCE NO. 1935 Harlem Avenue WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? Lifetime

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lili Ella Bernoven

6 DATE OF BIRTH (month, day, and year) Oct. 27-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	87	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired. 060

(b) General nature of industry, business, or establishment in which employed (or employer) Steam Fitter

(c) Name of employer B & O. R.R.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Irvin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Katherine Griffiths

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Fanny J. Irvin
(Address) 1935 Harlem Ave

15 JAN 5 - 1931 Filed HARRY A. JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930, to Jan 1, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Chronic arteriosclerosis
Myocardial insufficiency
(Senility)
(duration) yrs. Years mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary edema
Pneumonia (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hgx Examination

(Signed) John T. Owens, M. D.

1-3-1931 (Address) 804 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1/5 1931

20 UNDERTAKER Edw Browning

ADDRESS 1136 Poplar Grove St

Spec.—1-30—M. & T.—250 Bks

63871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115-002

63871

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST. 4-7 WARD)

2-FULL NAME Bernard M Guy

(a) RESIDENCE NO. Clements Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	wht	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12/75

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
55	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Guy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice Mattingly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records
(Address)

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 3, 1930, that I last saw him alive on Jan 3, 1930, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Retropharyngeal abscess

(duration) ....yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Mediastinal abscess

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? Oesophagoscopy Date 12/31/30 Incision drainage 1/3/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko, M. D.

1/3, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph cemetery Md

DATE OF BURIAL Jan 5-31 1931

20 UNDERTAKER W. C. Mattingly

ADDRESS Edmondson Md

JAN 6 1931

Spec.—1-30—M. & T.—250 Bks.

63872

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 63872

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Bernard Teipe

(a) RESIDENCE NO. Owings Mills Md ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Sommers

6 DATE OF BIRTH (month, day, and year) May 18 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner

(b) General nature of industry, business, or establishment in which employed (or employer): Farm

(c) Name of employer: Morton Sommers

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Albert Teipe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Kaufmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Annie M Teipe
(Address): Owings Mills

15 Filed JAN 4 - 1931 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1930, to Jan 3, 1931, that I last saw h....alive on Jan 5, 1931, and that death occurred, on the date stated above, at 12.10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Decompensation

(duration) Many yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary T.B.

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Sputum - positive for TBC

(Signed) Julius Robert Allen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: 1/5 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 63873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63873

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Loudon Ave ST., 16-71 WARD)

2-FULL NAME Charles McDowell Gillan

(a) RESIDENCE NO. 601 Loudon Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ethel

6 DATE OF BIRTH (month, day, and year) March 30 1876

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
54	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer Gough & Sons

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER Jno Gillan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Sarah J. Gillan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Mrs Ethel Gillan
(Address) 601 Loudon Ave

JAN 4 - 1931 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Jan 1, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (at death)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tending

(Signed) Sah Weaver, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 1/5 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63874

131

E 63874

CERTIFICATE OF DEATH.

12-51

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 N Chas St ST. ..... WARD)

2-FULL NAME Ernest F King

(a) RESIDENCE NO. 2118 N. Chas. St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Laura Virginia King

6 DATE OF BIRTH (month, day, and year) Mch 28 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Buffalo, N.Y.
(State or country)

PARENTS

10 NAME OF FATHER Albert King

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Peters

13 BIRTHPLACE OF MOTHER (city or town) Holland
(State or country)

14 Informant Laura Virginia King
(Address) 2118 N. Charles St

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-2-, 1931, to 1-3-, 1931;

that I last saw him alive on 1-2-, 1931,

and that death occurred, on the date stated above, at 11.40 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic myocarditis

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of .....

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George Oliver Rawden, M. D.

1/3, 1931 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/6 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

Spec.—1-30—M. & T.—250 Bks

E 63875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63875

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 Greenmount ST., 9-46 WARD)

2-FULL NAME John H. Gildenfenney

(a) RESIDENCE No. 2417 Greenmount Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jennie M. Gildenfenney

6 DATE OF BIRTH (month, day, and year) Apr 18/1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber.

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. S. Gildenfenney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary M. Knight
(Address) Cockeysville Md.

15 Filed 4 - 1931 19 C. H. HUPPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 - 31

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Jan 2, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Degenerative

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY Secondary Nephritis

(duration) yrs. 18 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Alan B Lemmon M. D.

1/3, 1931 (Address) 718 N Pat Pkwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/5 1931

20 UNDERTAKER Liston P. Russell Mangh

ADDRESS 2620 St Paul

1-30—M. & T.—100 B—50L

E 63376

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 63376

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 17-24 WARD)

2-FULL NAME Charles W.Garrett.(C)

(a) RESIDENCE NO 1128 Wilmer Alley. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Hattie Garrett.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Morgan Mill Works.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles W.Garrett (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rachael ------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hattie Garrett.(C) wife)
(Address) 1128 Wilmer Alley.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1930 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the femur,
Accidental fall from a platform
Embolism
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? North Ave & Oak St Dec.19.1930

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Ole M. Hemkard, M. D. Coroner

1/2/31 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1/4 19 31

20 UNDERTAKER Samuel Hawsley

ADDRESS 1128 Wilmer Alley

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

63877

CERTIFICATE OF DEATH.

11-002 E 63877

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Bruce ST., 17-26 WARD)

2-FULL NAME Annie Murdock

(a) RESIDENCE NO. 516 Bruce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edwin Murdock

6 DATE OF BIRTH (month, day, and year) 8 V -

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
7 V -	-	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Private home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Charles Parks
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Lucinda Boyd
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ella Murdock
(Address) 516 Bruce St

Filed - 1931 H. H. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/31

17 I HEREBY CERTIFY, That I attended deceased from 12/17/30 to 1/7/31, that I last saw h. alive on 1/7/31, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Grippe Influenza (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Infirmities of Age (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 904 Mod. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fowler Chapel — DATE OF BURIAL January 9, 31

20 UNDERTAKER Samuel Hensley — ADDRESS 508 W. Baltimore

Spec.—8-16-29—L. F. S.—100 Bks.

E 63878

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 63878

CERTIFICATE OF DEATH

REGISTERED NO. 17-245

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N. Biddle ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Williams Gent

(a) RESIDENCE NO. 525 N. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Abr. Gent

6 DATE OF BIRTH (month, day, and year): Oct. 1863

7 AGE: Years 67 Months 3 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress at home

(b) General nature of industry, business, or establishment in which employed (or employer): out

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rosa Bannaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Eliza Williams

(Address) 525 N. Biddle St.

15 Filed ..... 19..... Registrar: Geo. JONES, M. D.

4-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1-1931

17 I HEREBY CERTIFY, That I attended deceased from 11/17, 1930, to 1/1/31, 19....., that I last saw h.. alive on 12/30/30, 19..... and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis — Mitral incomp.

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) none known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas. Keller, M. D.

1/3, 1931 (Address) 2211 Monumental

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 1/4 1931

ADDRESS 578 N. Biddle

20 UNDERTAKER: Samuel Hemsley

Spec.—1-10-21—M&T—1500 Bks.

E 63879

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 63879

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Cathedral St. ST. 11-24 WARD)

2-FULL NAME Mary Bogue

(a) RESIDENCE NO. 703 Cathedral St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) April 5, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Bogue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Ellen T. Bogue
(Address) 843 Park Ave.

15 Filed 4-1931 C. HILLMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1928, to Jan 3rd, 1931, that I last saw her alive on Jan 3rd, 1931, and that death occurred, on the date stated above, at 6.45 P.m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis — Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Charles O'Donovan Jr. M. D.

19 (Address) 5 East Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 5 1931

20 UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Calvert St.

Spec.—1-30—M. & T.—250 Bks. Dr. Hawkins Chas & Randall St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63880

CERTIFICATE OF DEATH.

93-003 E 63880

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

23-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Hanover ST., ... WARD

2-FULL NAME Mary Garbrick

(a) RESIDENCE No. 1805 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of John Garbrick

6 DATE OF BIRTH (month, day, and year) Oct 29th 1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sally Martin
(Address) 1805 Hanover St

15 Filed 4 1931 19 ..... CLAYPOOL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Jan 2, 1931, that I last saw h. alive on Dec 15, 1930, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Senile myocardites

..... (duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. F. Hawkins M. D.

1/3, 1931 (Address) 1 E. Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 1/5/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63881

CERTIFICATE OF DEATH

E 63881

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Declared dead at ST. Joseph Hospital St., ... Ward)

2-FULL NAME Samuel Strachan

(a) RESIDENCE NO. 1005 N. Charles St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14-1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	59	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Assistant
(b) General nature of industry, business, or establishment in which employed (or employer) General Freight
(c) Name of employer B & O R R

9 BIRTHPLACE (city or town) Parkersburg
(State or country) W.Va.

PARENTS

10 NAME OF FATHER George O. Strachan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) England.-London

12 MAIDEN NAME OF MOTHER Alice O. Bacon

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Petersburg, Va.

14 Informant Miss Nelle Smallwood
(Address) 1217 E. Preston St.

15 Filed ..... 1931 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Probably Valvular)

(Died while playing golf on Hillen Golf Course) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) John Allen, M. D.

Jan 3/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hunington W Va — DATE OF BURIAL Jan 4 1931

20 UNDERTAKER Henry Hukins Son Co — ADDRESS Cor Lard & Gallup

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63882

E 63882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 N. Regester ST. 8-17 WARD)

2-FULL NAME David S. Dishler

(a) RESIDENCE NO. 1608 N. Regester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida C. Dishler

6 DATE OF BIRTH (month, day, and year) July 30 1877

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fouman

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida C. Dishley
(Address) 1608 N. Regester St.

Filed N 4 - 1931 RANDOLPH JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Jan 2, 1931, that I last saw h.....alive on ....., 19..... and that death occurred, on the date stated above, at 8 15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? 30 Date of .....

Was there an autopsy? 30

What test confirmed diagnosis? —

(Signed) John T. Avery, M. D.

, 19 (Address) 1603 Bloodway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dallo Cem

DATE OF BURIAL Jan 19 31

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Spec.—1-30—M. & T.—250 Bks

E 63883 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63883

CERTIFICATE OF DEATH. 131

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST., 76-2 WARD)

2-FULL NAME William F. ~~Fuller~~ FILLER

(a) RESIDENCE NO. 3311 E. Baltimore ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb 3, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed JAN 4 - 1931 H. [illegible] Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/31

17 I HEREBY CERTIFY, That I attended deceased from 12/25/30, 1930, to 1/1, 1931, that I last saw him alive on 1/1, 1930, and that death occurred, on the date stated above, at 8^25 P.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) 2-3 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation or Myocardial failure, (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Gordon, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Jan 4, 1931

20 UNDERTAKER Philip Herzig

ADDRESS 2016 Columbia

Spec.—1-30—M. & T.—250 Bks

E 63884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63884

CERTIFICATE OF DEATH.

45-003

1-PLACE OF DEATH Baltimore City Hosp. 6-10

CITY OF BALTIMORE: (No. ..... STREET ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Kutz

(a) RESIDENCE No. 404 N Patterson Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ada Kutz

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 64 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Kutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Md

12 MAIDEN NAME OF MOTHER Theresa Lapsuka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Md

14 Informant Records Dept. (Address) Baltimore City Hosp.

15 Filed ..... 19 ..... Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from 10-20-, 1930, to 1-3-, 1931, that I last saw him alive on 1-3-, 1931, and that death occurred, on the date stated above, at 2 40 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach with Liver metastases
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Jan 1929?

Was there an autopsy? no

What test confirmed diagnosis? Microscopic exam

(Signed) Fred M. Duckenfield M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 1/6 1931

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St.

Spec.—1-30—M. & T.—250 Bks.

E 63885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63885

157-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. ST., 27-56 WARD

2-FULL NAME Baby Joan Geisz

(a) RESIDENCE No. 3704 Manchester Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 24/ 30

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	✓	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Geisz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Evelyn Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: John Geisz
(Address): 3704 Manchester Ave

15 Filed 4-1931 19 C. Bishop Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 3, 1931, that I last saw her alive on Jan 2, 1931, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

~~Meningitis~~ Spina Bifida (with meningocele)

(duration) ✓ yrs. 6 mos 9 ds.

CONTRIBUTORY (Secondary) Spinal meningitis, non-specific, (duration) ✓ yrs. ✓ mos. 3 ds.

18 Where was disease contracted if not at place of death? Inherited

Did an operation precede death? none Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Jesse Leaf L. Tyler M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Jan 5 1931

20 UNDERTAKER: C. Howard Evans ADDRESS: 38 E. Fort Ave

Edward J Gaff

1-30—M. & T.—100 B—50L

E 63886

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

E 63886

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph Hospital ST., 8-12 WARD)

2-FULL NAME Edward J. Gaff

(a) RESIDENCE NO 2823 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24/1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Composer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sunpaper

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William J. Goff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Judge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Ella Walstrum
(Address) 2823 E. Chase St.

15 Filed ..... 192 ..... Registrar

4-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Left Temp& Parle-regions. Accidently fell down cellar steps at residence
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Reported- Acute Alcoholism
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Jan 2/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Jan 3, 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Rd — DATE OF BURIAL Jan 5 1931

20 UNDERTAKER Henry Hoech Sons, Inc. — ADDRESS 1301 E. Edgar Rd

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

56

E 63837

E 63837

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Reisterstown Road ST. 15-54 WARD)

2-FULL NAME Anna Chasin

(a) RESIDENCE No. 3808 Reisterstown Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Experience

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Clerk~~ Student

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Office~~ Western High School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Philip Chasin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Father
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-31

17 I HEREBY CERTIFY, That I attended deceased from 12-31-30, 1930, to 1-2, 1931, that I last saw her alive on 1-2, 1931, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:
Rheumatic Cardio-Vascular Disease.
Cardiac decompensation.
Acute cardiac dilatation

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Samuel J. Glick, M. D.

, 19 (Address) 3914 Park Hts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Lowndale

DATE OF BURIAL 1-4 1931

20 UNDERTAKER Ace Davis, 1439

ADDRESS E. Biddle St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63888

94-0022

REGISTERED NO. E 63888

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 N. Mount St. 15-21 Ward)

2-FULL NAME Wm I. Cook.

(a) RESIDENCE No. 1722 N. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6 DATE OF BIRTH (month, day, and year) Jan 11-1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odo
(c) Name of employer Cabot & Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Filby Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Weems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha Cook
(Address) 1722 N. Mount

15 Filed ..... G. HAMILTON JONES, M. D. Registrar

JAN 4 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

..... (duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) J. C. Fisch, M. D. Coroner

(Place and Address) Cordova

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cabot Co Md

DATE OF BURIAL Jan. 5 1931

20 UNDERTAKER Samuel W. Chase & Son

ADDRESS 638 N. Calvert

1-30—M. & T.—100 B—50L

E 63889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

10-15

E 63889

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 E. Eager St. ST., ... WARD)

2-FULL NAME Catherine S. Kazecky.

(a) RESIDENCE No 510 E. Eager St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~WIDOW OR WIDOWER~~ HUSBAND of (or) WIFE of Joseph Kazecky.

6 DATE OF BIRTH (month, day, and year) November 15, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Rohlader.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Meisel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant George C. Rohlader. (brother)
(Address) 1251 E. Lexington St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/2/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Holy Redeemer Cem. DATE OF BURIAL Jan 5 1931

20 UNDERTAKER Martin W. E. Dippel Inc. ADDRESS 37 Lane St.

E 63890

STATE OF MARYLAND
CERTIFICATE OF DEATH

E 63890

1 PLACE OF DEATH

County Baltimore County

Village or City Baltimore City (No. 3025 Brighton St.)

Registration Dist. No. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie M. Manahan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH January 27th 1860 (Month) (Day) (Year)

7 AGE 71 yrs. 11 mos. 7 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer) At Home

9 BIRTHPLACE (State or country) Howard County Md

PARENTS

10 NAME OF FATHER Charles Williams

11 BIRTHPLACE OF FATHER (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Margaret Rhine

13 BIRTHPLACE OF MOTHER (State or Country) Frederick County Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Wm Manahan

(Address) 312-17th street S.E. Washington D.C.

15 Filed 192 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 3 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 9 1930 to Jan 3 1931 that I last saw he alive on Jan 2 1931 and that death occurred on the date stated above, at m. and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

Interstitial Nephritis (Duration) 1 yrs. mos. ds.

Contributory Secondary Valvular disease of Heart (Duration) 1 yrs. mos. ds.

(Signed) J. A. Kuchel M. D.

Jan 3 1931 (Address) Clarksville Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death — yrs. 8 mos. ds. In the State 71 yrs. 11 mos. 7 ds.

Where was disease contracted, if not at place of death? Howard County

Former or usual residence Ellicott City Md Howard Co

19 PLACE OF BURIAL OR REMOVAL Mount Hill Howard County

DATE OF BURIAL January 5. 1931

ADDRESS Ellicott City Maryland

20 UNDERTAKER Easton Dorsey

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CLARS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 - 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177

E 63891

E 63891

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1825 Lemon St. 19-24 (Ward)

2-FULL NAME Henry Pfeiffer

(a) RESIDENCE NO. 1825 Lemon St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) July 15th 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	58	5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Elizabeth Mershale
(Address) 1825 Lemon

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

N 4 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumonia Person Fra
Eating Canned Lobster
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. H. Brooks, M. D.

Jan 2 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 1/4/1931

20 UNDERTAKER F. C. Wappert — ADDRESS 185 N. Dolphin St

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 63892

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-003 E 63892

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 27-56 WARD)

2-FULL NAME Jacob Cohen

(a) RESIDENCE No. 5200 Pathright Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ✓

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Frima

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Augusta B. Rosen 70 Hatz
(Address) 1939 E. Baltimore St.

15 Filed JAN 4 1931 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from 12/29, 1930, to 1/3/, 1931, that I last saw him alive on 1/3/, 1931, and that death occurred, on the date stated above, at 11:20 P.m.

The CAUSE OF DEATH* was as follows:
Cardiac Failure.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ca. of Cecum
(duration) yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of 12/31/30

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs

(Signed) Max Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL 1-4-31

20 UNDERTAKER Jack Lewis 1939 E. Baltimore St. — ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 63893. ✓ 63893 E 63893

HEALTH DEPARTMENT—CITY OF BALTIMORE

Gaetano Ingui

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 5-8 WARD)

2-FULL NAME Mrs. Gaetano Ingui (Ingui)

(a) RESIDENCE NO. 1128 Low Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married —

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Ingui

6 DATE OF BIRTH (month, day, and year) abt. 1880.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Ingui
(Address) 1128 Low Street

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1930, to 1-2-, 1931, that I last saw h. alive on 1-2-, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Chronic Nephritis
Arteriosclerosis
(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Anemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) M. B. Clendenin, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL 1/5/31, 19

20 UNDERTAKER George J. Duffy Sons — ADDRESS 1735 Harford

Filed N 4 - 1931 H. M. SMITH JONES, M. D. Registrar

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63894

E 63894

CERTIFICATE OF DEATH.

51-002 27-48

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 - E Cold Spring Lane ST. ..... WARD)

2-FULL NAME John Emil Schmidt

(a) RESIDENCE No. 412 - E. Cold Spring Lane ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How Long in U. S., if of foreign birth? — yrs. — mos. — ds.

Length of residence in city or town where death occurred Life yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia L. Conrad

6 DATE OF BIRTH (month, day, and year) 9/21/1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	3	13	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Geo. Hoaflich
(Address) 412 E Cold Spring Lane

15 Filed JAN 4 - 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-1931.

17 I HEREBY CERTIFY. That I attended deceased from June 1st, 1928, to Jan 4, 1931 that I last saw him alive on Jan 4, 1931 and that death occurred, on the date stated above, at 2.05 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Cystoscope

(Signed) Chas. H. Magness M. D.

..... 19 31 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 1/6/31 19

20 UNDERTAKER George J. Butt Inc

ADDRESS 1300 Harford

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63895

REGISTERED NO. E 63895

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Longwood ST. 16-67 WARD)

2-FULL NAME Matthew Farey

(a) RESIDENCE No Denton Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6 DATE OF BIRTH (month, day, and year) Mar 23-1866

7 AGE Years 64 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denton Md

PARENTS

10 NAME OF FATHER Matthew Farey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza J. Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Matthew Farey
(Address) 1601 Longwood

N 4 - 1931 Filed Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hurd Coroner, M. D.

(Address) Denton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denton Md

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER R. B. Rawlings

ADDRESS Greensboro Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63896

93-003

E 63896

CERTIFICATE OF DEATH

REGISTERED NO. 12550

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General ST. (WARD)

2—FULL NAME Mrs Fannie Pearce

(a) RESIDENCE NO. 2517 N. Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Pearce

6 DATE OF BIRTH (month, day, and year) Jan 28, 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

10 NAME OF FATHER Thomas Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co, Md

12 MAIDEN NAME OF MOTHER Mary Cameron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Hospital Record.
(Address)

15 Filed Jan 4 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to January 4, 1931, that I last saw her alive on January 4, 1931 and that death occurred, on the date stated above, at 1 15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert V. Carnette M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel, Balto Co.

DATE OF BURIAL Jan 6 1931

20 UNDERTAKER Wm. R. Brooks Son

ADDRESS Sparks, Md

4 1931

Spec.—9-30—A & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63897 E 63897

CERTIFICATE OF DEATH.

93-3

16-66

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 873 W. Fayette St. WARD)

2. FULL NAME Lawrence J. Bunkley.

(a) RESIDENCE NO. 712 Woodington Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie M. Bunkley.

6 DATE OF BIRTH (month, day, and year) Dec 10. 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49.	0	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Guilder

(b) General nature of industry, business, or establishment in which employed (or employer) Conrad Lamb

(c) Name of employer Picture Frames.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bessie M. Bunkley.
(Address) 873 W. Fayette St. ~~ROBERTSON JONES, M. D.~~

15 Filed JAN 5 - 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16. 30, to Jan 2, 1931, that I last saw ~~him~~ alive on Jan. 2 1931 and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Emphysema Bronchitis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) ..... yrs. ..... mos. 15 ds.

18 Where was disease contracted if not at place of death? —.

Did an operation precede death? NO Date of .....

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) M. C. Freilinger M. D.

1-3. 1931. (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL Jan 6. 1931.

20 UNDERTAKER Mr. Mrs. John H. Teufel & Son ADDRESS 801 W. Fayette St

Spec.—1-30—M. & T.—250 Bks.

E 63898

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 63898

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 574 Nelson ST., 44-22 WARD)

2-FULL NAME Morris L. Paul

(a) RESIDENCE NO. 574 Nelson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27, 1882

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER James M. Paul

11 BIRTHPLACE OF FATHER (city or town) Cumberland
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah M. Nelson

13 BIRTHPLACE OF MOTHER (city or town) Cockeysville
(State or country) Md

14 Informant Florence E. Hughens
(Address) 4232 Penna Ave - Towson Md

15 Filed ..... 1931 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Jan 2, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows: Progressive Pulmonary Hemorrhage

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

1/2, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 5 1931
UNDERTAKER	**ADDRESS**
Mrs Geo. H. Holland	1631 Druid Hill Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 63899

E 63899

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Lemon Memorial Hospital St. Ward)

2-FULL NAME William Jones

(a) RESIDENCE NO. 3402 Lanchester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	N	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23 1930

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Kinnon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wm Kinnon

12 MAIDEN NAME OF MOTHER Carrie Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Mrs Carrie Jones

(Address) 3402 Lanchester St

15 Filed 1931 Harry Jones Registrar

5-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Bronco Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D. Coroner

1/4. 1931 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — Date of Burial: Jan 5 1931

20 UNDERTAKER: W M Courtney — ADDRESS: 2238 N Howard

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

E 63900

REGISTERED NO. E 63900

1—PLACE OF DEATH West Balt. Gen. Hospital

CITY OF BALTIMORE: (No. 16-68 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William R Baugher

(a) RESIDENCE NO. 5013 Gwynndale AVE ST., WARD Balto Co, Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida R Baugher

7 DATE OF BIRTH (month, day, and year) Nov 29/70

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER W-H Baugher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Anna Ridenhour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs Ida R Baugher

(Address) 2918 Kate Ave

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 4, 1931 that I last saw him alive on Jan 4, 1931 and that death occurred, on the date stated above, at 11:35 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Essential Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture

(Signed) Harry Ashman M. D.

19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Parkburn

DATE OF BURIAL Jan 6 1931

ADDRESS 223 N Arlington

20 UNDERTAKER W M Routson

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63901

82-001

E 63901

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Agnes Hospital St., 14-28 Ward)

2-FULL NAME J. Christian Reeb

(a) RESIDENCE NO. 1830 McHenry St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ozella Beeb

6 DATE OF BIRTH (month, day, and year): Apr 15, 1876

7 AGE: Years 54 Months 8 Days 18 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Jacob Reeb

11 BIRTHPLACE OF FATHER (city or town) Ger
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Schoel

13 BIRTHPLACE OF MOTHER (city or town) Ger
(State or country)

14 Informant Ozella Reeb
(Address) 1830 McHenry St

15 Filed ..... 19 ..... Registrar

JAN 5 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas A Brooks M. D.

(Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — DATE OF BURIAL: Jan 6 1931

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Eutaw Ave

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

63902

HEALTH DEPARTMENT—CITY OF BALTIMORE

143 E 63902

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST. 13-59 WARD)

2-FULL NAME Sarah Fishman

(a) RESIDENCE NO. 2607 Reisterstown Road. STREET ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? / yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Albert Fishman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Russia~~ New York

PARENTS

10 NAME OF FATHER Nathan Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis
(Address) 1439 E Balto St

15 Filed 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Jan. 4, 1931, that I last saw her alive on Jan. 4, 1931, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Respiratory failure

Total Duration of Remainder.

CONTRIBUTORY (Secondary) Hemorrhage (Post-Operative) (duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 4. 1930

Was there an autopsy? None

What test confirmed diagnosis? Clinical —

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jack Lewis 1439 E

DATE OF BURIAL Balto 1/ 19

20 UNDERTAKER Arthur Rosedale 1-5

ADDRESS -31

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

63903 46-003 E 63903

63903

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (NO. ..... ST., 11-15 WARD)

2-FULL NAME Hattie Hutson (Sullivan)

(a) RESIDENCE NO. 933 N Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dorsey Sullivan

6 DATE OF BIRTH (month, day, and year) June 11 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Chas Fisher
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Alice Trofle
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records
(Address)

15 Filed JAN 5 - 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Jan 4, 1931, that I last saw her alive on Jan 4, 1931, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Tumor colon
(Probable carcinoma)
(duration) ..... yrs. ..... mos. 21+ ds.

CONTRIBUTORY (Secondary) Intestinal obstruction
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted? Home if not at place of death?
Did an operation precede death? Date of Colotomy 12/30/30
Was there an autopsy? No
What test confirmed diagnosis? Clinical & operative
(Signed) J. Lepho M. D.
1/4, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park
DATE OF BURIAL JAN 6 1931 19
ADDRESS 2700 EDMONDSON AVE.

20 UNDERTAKER Geo W Little

Spec.—2-29-28—L. F. S.—500 Bks. Stephen N Greig

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63904 — 094-09831 — E 63904

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5614 Fairoak ave ST., Hamilton 24-43 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stephen N Greig

(a) RESIDENCE NO. 5614 Fairoak Ave. ST., Hamilton WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): March 11 1876

7 AGE: Years 55 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Newburg N Y

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Theodore M Greig

(Address): 5614 Fairoak Ave

Filed ..... 19 ..... Registrar

JAN 5 - 1931 C. HAYMAN JONES, II

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/5/31

17 I HEREBY CERTIFY, That I attended deceased from July 1929, 19..., to 1/5/, 19 31, that I last saw h... alive on 1/5/, 19 31, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Polley, M. D.

, 19 (Address) 5103 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: Jan 7 1931

20 UNDERTAKER: John Burns Sons — ADDRESS: Towson

1-30—M. & T.—100 B—50L

E 63905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63905

CERTIFICATE OF DEATH

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 823 Bevan St. ST. 22-31 WARD)

2-FULL NAME Katie Kennard. (C)

(a) RESIDENCE NO 823 Bevan St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 18, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Silas Kennard. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Rebecca Wright. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Annie Barrell. (C) sister.
(Address) 608 Cornell St.

15 C. [illegible] JONES, M. D.
1931 Mar 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Kennard, M. D. Coroner

1/3/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL June 1931

20 UNDERTAKER J. L. Brown — ADDRESS 108 Monty

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 63906

E 63906

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1949 Mosher ST., 16-22 WARD)

2-FULL NAME Frank Romantus Nehrer

(a) RESIDENCE No. 1949 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? 65 yrs. 11 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Nehrer

6 DATE OF BIRTH (month, day, and year) Jan 15/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	21	20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 03

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer Balti. City Fire Dept

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Nehrer

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country) France

12 MAIDEN NAME OF MOTHER Elizabeth Gardner

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) Germany

14 Informant Mrs Helen R Flynn (daughter)
(Address) 1949 Mosher St

15 Filed 5 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5. 1931

17 I HEREBY CERTIFY, That I attended deceased from August, 1930, to date of death, that I last saw him alive on Jan. 4, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Death was due to chronic nephritis

Indefinite (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Anaemia

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Confined at place of death many years

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Pinckney Lee Harris, M. D.

, 19 (Address) 827 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 7 1931

20 UNDERTAKER Stewart & Monroe — ADDRESS Balto

Cor.—12-9-25—A Co.—200 Bks.

E 63907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181

E 63907

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital 10-13 Ward)

2-FULL NAME James Jerome Miller

(a) RESIDENCE NO. 1219-N-Eden- St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? 50 yrs. 1 mos. 13 ds.

JS HO

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Carter Miller

6 DATE OF BIRTH (month, day, and year): November-22-1880

7 AGE: Years 50 Months 1 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASER

(a) Trade, profession or particular kind of work: Clerk- 004

(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept

(c) Name of employer: City of Baltimore

9 BIRTHPLACE (city or town): Balto.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. Jessie Miller

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Maryland

14 Informant: Mrs Blanche C. Miller (wife)

(Address): 1219-N. Eden St

15 Filed ..... 19 ..... Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over almost entire body.

Clothes caught fire from an electric heater (improvised) while asleep in bed.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Pattison, M. D. (Coroner)

Jan 5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs. 0 mos. 18 ds. In the State 50 yrs. 1 mos. 13 ds.

Where was disease contracted, if not at place of death? .....

1219-N-Eden St

Former or usual residence 1219-N-Eden St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Jan 6 1931.

20 UNDERTAKER: Stewart & Moore Company ADDRESS 1084 N. North

very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 63908

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 63908

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Belt. ST., 24th WARD) 24-35

2—FULL NAME Gerhard Tabeling

(a) RESIDENCE NO. 1405 Belt. ST., 24th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 22 ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Tabeling

6 DATE OF BIRTH (month, day, and year) March 13, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness maker. 088

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Gerhard H. Tabeling

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Decker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs Anna Tabeling
(Address) 1405 Belt St.

15 Filed ..... 19..... JESTER HANCOR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1931.

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1931, to January 4, 1931, that I last saw him alive on January 3, 1931 and that death occurred, on the date stated above, at 6 10 A. m.

The CAUSE OF DEATH* was as follows:
Broncho-Pneumonia

..... (duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Henry F. Buettner, M. D.

Jan 4. 1931 (Address) 1319 Light St, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery.	Jan. 7 1931
20 UNDERTAKER	ADDRESS
Henry Hoeck Sons, Inc.	1301 E Eager

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63909

E 63909

CERTIFICATE OF DEATH

REGISTERED NO. 25-72

1-PLACE OF DEATH Jenkins Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 1000 Caton Ave. ST. ..... WARD)

2-FULL NAME Mary B. Little

(a) RESIDENCE NO. Emmitsburg Md. ST., ... WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 37 yrs. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Emmitsburg (State or country) Maryland

PARENTS

10 NAME OF FATHER Bernard Little

11 BIRTHPLACE OF FATHER (city or town) Emmitsburg (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Reddicord

13 BIRTHPLACE OF MOTHER (city or town) Emmitsburg (State or country) Md.

14 Informant Jenkins Memorial Hosp. (Address) 1000 Caton Ave

15 Filed ..... G. Bernard Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from November 29, 1930, to January 5, 1931, that I last saw her alive on January, 1931, and that death occurred, on the date stated above, at 2:15 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Friedreich's Ataxia (duration) 12 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Robt. Heinson, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmitsburg Md

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER W. F. Shuff Jr.

ADDRESS Emmitsburg Md

Spec.—1-30—M. & T.—250 Bks

E 63910

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

E 63910

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 523 N Caroline ST., 7-9 WARD)

2-FULL NAME Hubert Davenport

(a) RESIDENCE NO. 523 N Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Nannie Davenport

6 DATE OF BIRTH (month, day, and year) Nov 15 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R. R. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Va

PARENTS

10 NAME OF FATHER Emanuel Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Va.

12 MAIDEN NAME OF MOTHER Elvira Flemming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Nannie Davenport (wife)
(Address) 523 N. Caroline St

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1930 to Jan 2, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 10 10 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency & Generalized Arteriosclerosis. (duration) ..... yrs. ..... mos. 6 wks ..... ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ..... yrs. ..... mos. 6 wks ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

Jan 3, 1931 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Farmington ~~Mem. Park~~ Farmington, Va	Jan 5, 1931

20 UNDERTAKER Edward Bergan

ADDRESS 1681 Orleans St

Spec.—1-30—M. & T.—250 Bks.

24335 3.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32-001

E 63911

CERTIFICATE OF DEATH.

E 63911

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 5-9 WARD)

2-FULL NAME Bernard Page

(a) RESIDENCE No. 1434 E. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
4 yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Edward Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ardella Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1930, to Jan 2, 1931, that I last saw him alive on Jan. 2, 1931, and that death occurred, on the date stated above, at 5 25 P.M.

The CAUSE OF DEATH* was as follows:

miliary tbc

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Xray

(Signed) Robert D. G. Thomson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W Calvary

DATE OF BURIAL Jan 6 1931

20 UNDERTAKER Mrs J. G. Locke

ADDRESS 1302 Jeffers

JOHNS HOPKINS HOSPITAL JAN 5 1931 Records

Spec.—1-30—M. & T.—250 Bks.

E 63912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63912

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. ST., 6-11 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E. Harris

(a) RESIDENCE NO. 20 N. Streeper St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Theodore E. Harris

6 DATE OF BIRTH (month, day, and year) April 30, 1894

7 AGE 36 Years | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Charlotte Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Theodore E. Harris
(Address) 20 N. Streeper St

15 Filed ..... 19 ..... CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Jan. 4, 1931, that I last saw he alive on Jan. 4, 1931, and that death occurred, on the date stated above, at 2:10 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Hindry M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER Frank V. Cafritore

ADDRESS 2815 E. Baltimore

Spec.—1-30—M. & T.—250 Bks.

243056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63913

CERTIFICATE OF DEATH.

15 | E 63913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 24 WARD)

2-FULL NAME Robert Beckman

(a) RESIDENCE No. 2040 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29-30

7 AGE: Years | Months 5 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) La

12 MAIDEN NAME OF MOTHER Marie Mozinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 5 - 1931 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-4-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1930, to Jan 4, 1931, that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Otitis Media
Mastoiditis
Cervical Adenitis
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Prematurity
(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? At the place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) V. C. Jackson M. D.

1/4, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 5 1931

20 UNDERTAKER: John M Weber — ADDRESS: 411 S Chester

Spec.—1-30—M. & T.—250 Bks

Lepka

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 63914

E 63914

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 13 WARD)

2-FULL NAME Mamie Lipka

(a) RESIDENCE No. 628 S Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Lipka

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Rungel

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md.

14 Informant Records (Address) Baltimore City Hosp.

15 Filed NOV 5 1931 19 WILLIAM JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29- 1930, to 1-3- 1931, that I last saw her alive on 1-3- 1931, and that death occurred, on the date stated above, at 6 30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia,

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy finding

(Signed) Fred M. Duckwall, M. D.

19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL Jan 7 1931

20 UNDERTAKER John H. Weber — ADDRESS 401 S Chester St

Spec.—1-30—M. & T.—250 Bks.

E 63915

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001-

E 63915

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 1-1 WARD)

2-FULL NAME Leroy Slimmer

(a) RESIDENCE NO. 2914 O'Donnell ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	16 mo	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George Slimmer

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Marie Feldman

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Marie Feldman (Mother)
(Address) 1008 S. Eutaw St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1931.

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1930, to 1/7, 1931, that I last saw him alive on 1/7, 1931, and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs. mos 15 ds.

CONTRIBUTORY (Secondary) multiple lung abscesses

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? x-ray - autopsy

(Signed) Archie Robert Colen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Jan 5 1931

20 UNDERTAKER Lilly - Zeiler Inc — ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 63916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63916

CERTIFICATE OF DEATH.

75

27-41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Benton Heights Ave., Raspeburg ST., 27th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Merryman Gatch

(a) RESIDENCE NO. Benton Heights Ave., Raspeburg ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas B. Gatch

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Forrester

13 BIRTHPLACE OF MOTHER (city or town) Balto. County (State or country) Maryland

14 Informant Thomas B. Gatch (Address) Benton Heights Ave., Raspeburg,

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from December 24th, 1930, to January 5, 1931, that I last saw him alive on January 5, 1931, and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Acute and Chronic Alcoholism

(duration) 25 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 2 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Raspeburg, Md.

1/5 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Gatches Family Cemetery Raspeburg

DATE OF BURIAL Jan 6 1931

20 UNDERTAKER George Schulling & Sons

ADDRESS 1126 E Monument st

5-1931

C. HAMPSON JONES, M. D. Registrar

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63917 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63917

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (C.B.) 6-9

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Eddie Brown

(a) RESIDENCE NO. 115 N. Dallas st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Brown

6 DATE OF BIRTH (month, day, and year) July 7, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Richmond
(State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Alice ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed 1931, 19 ..... C. HANSON JONES, Jr. Registrar
5320

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1930, to Jan. 2, 1931, that I last saw him alive on Jan. 2, 1931, and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ....yrs. 10 mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner, M. D.

1-2, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

UNIVERSITY OF MARYLAND
Commissioner Health
JAN 5 - 1931
MATTHEW E. WOODALL

Spec.—1-30—M. & T.—250 Bks

E 63918

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-002 E 63918

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST. 3-5 WARD)

2-FULL NAME Robert Colgain

(a) RESIDENCE NO. 808 E. Pratt St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 8, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer odd jobs

9 BIRTHPLACE (city or town) (State or country) Queen Ann's Co. Md.

PARENTS

10 NAME OF FATHER Robert Colgain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-31

17 I HEREBY CERTIFY, That I attended deceased from 10-20-30, 19..., to 1-2-31, 19..., that I last saw him alive on 1-2-31, 19..., and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with local metastases

(duration) Unknown yrs. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted? ?
If not at place of death?

Did an operation precede death? yes Date of Sept 1930?

Was there an autopsy? no

What test confirmed diagnosis? Operation diagnosis

(Signed) Fred M. Dunkwalt, M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER Commissioner Health.

UNIVERSITY OF MARYLAND
JAN 5 - 1931

Spec.—9-30—A. & Co.—250 Bks.

E 63919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63919

108

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-6 Ward)

2. FULL NAME Charles Boling

(a) RESIDENCE NO. South & Pratt (Lodging House) St. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10 NAME OF FATHER Peter Boling
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Ritter Fitzgerald
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 1-5-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-31

17 I HEREBY CERTIFY, That I attended deceased from 12-30-30, 19..., to 1-1-31, 19...
that I last saw him alive on 1-1-31, 19...
and that death occurred, on the date stated above, at 12:20 A.m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Exam.
(Signed) Paul Padget M. D.
1-2, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS JAN 5 - 1931

Spec.—1-30—M. & T.—250 Bks

E 63920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63920

31

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B. 27)

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

2-FULL NAME Harrison Parker

(a) RESIDENCE NO. 221 N. Gilmor st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Cape Charles
(State or country) Virginia

PARENTS

10 NAME OF FATHER Severn Parker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Upshur

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Hospital Records
(Address) UNIVERSITY OF MARYLAND

15 Filed 5-1931 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 19 30, to Dec. 30, 19 30, that I last saw him alive on Dec. 30, 19 30, and that death occurred, on the date stated above, at 5.35 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ....yrs. 6 mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Gaunce, M. D.

12-31 19 30 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JAN 5 - 1931 19

ADDRESS

20 UNDERTAKER Commissioner Health.

Spec.—9-30—A. & Co.—250 Bks.

63921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63921

CERTIFICATE OF DEATH.

59

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 17-16

2. FULL NAME Lucy Minor

(a) RESIDENCE No. 79½ W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Robert

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1880 (?)

7 AGE: Years 50 (?) Months 5 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Crisfield, Va.

PARENTS
10 NAME OF FATHER: Frank ?
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Lina Reeves.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records Dept.
(Address) BALTIMORE CITY HOSPITALS

Filed 5-5 1931, 19 G. MARSHALL JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1930, to Jan. 4, 1931, that I last saw h er alive on Jan. 4, 1931 and that death occurred, on the date stated above, at 2:52 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) More than yrs. 4½ mos. ds.

CONTRIBUTORY (Secondary) Gangrene, diabetic

(duration) yrs. 4½ mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 9-3-30

Was there an autopsy? No Ambulatory Leg

What test confirmed diagnosis? Exam. laboratory

(Signed) Paul Padget M. D.

1-4, 1931 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/7/1931

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1630 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

E 63922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63922

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO. 96-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4833 Asbury Avenue ST., WARD)

2—FULL NAME Luther S. Mitchell

(a) RESIDENCE NO. 4833 Asbury Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella S. Mitchell

6 DATE OF BIRTH (month, day, and year): August 11, 187[illegible]

7 AGE: Years 58 Months 4 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Renneburg

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Luther S. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Laura Bolten

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs. Ella Mitchell
(Address): 4833 Asbury Ave.

15 Filed 5 - 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to 1-4, 1931, that I last saw him alive on 1-4, 1931, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Clinical signs

What test confirmed diagnosis?

(Signed) David Miller, M. D.

1/5, 1931 (Address) 1500 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lawn Cemetery

DATE OF BURIAL: Jan. 7, 1931

20 UNDERTAKER: [illegible] Cook

ADDRESS: 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63923

107-001

E 63923

CERTIFICATE OF DEATH

1—PLACE OF DEATH Home for Incurables.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 40th St Fremont Rd. ST. 27-48 WARD)

2—FULL NAME Anna Franck

(a) RESIDENCE NO. 6240 Bellona Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 26, 1838

7 AGE: Years 92 Months 5 Days 7 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Berlin Pa (State or country) Pennsylvania

10 NAME OF FATHER Philip Franck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Salome Schraffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records — (Address)

15 Filed 1931 G. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Jan 3, 1931, that I last saw her alive on Jan 2, 1931 and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. L. Leetuck, M. D.

1/6, 1930 (Address) Ruxton Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Berlin Pa

DATE OF BURIAL: Jan. 6 1930

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 N Calla St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63924

59

E 63924

CERTIFICATE OF DEATH

REGISTERED NO. 1354

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lake Drive apts. 3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Steinberger

(a) RESIDENCE NO. 1454 Lafayette Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Jan 19 1862

7 AGE: Years 68 Months 11 Days 16 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Marion Steinberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Esther Landauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs J. Herman

(Address): Lake Drive apt

Filed 5-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/4/31

17 I HEREBY CERTIFY, That I attended deceased from 1/1/31, 1931, to 1/4, 1931, that I last saw her alive on 1/4, 1931 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis
Myocarditis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Diabetes
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wm 4 Lafayette

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? neal

(Signed) Emil G. Wagner, M. D.

1/5, 1931 (Address) Mt Wolman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 1/6 1931

20 UNDERTAKER: J Ahrens Co

ADDRESS: 1434 Pennsylvania Ave

1-30—M. & T.—100 B—50L

E 63925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63925

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., WARD)

2-FULL NAME George Louis Eppler.

(a) RESIDENCE NO 117 W. Franklin St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER William F. Eppler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia.

12 MAIDEN NAME OF MOTHER Catherine Wellington.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cumberland, Md.

14 Informant Catherine Eppler. (mother)
(Address) 428 N. Centre St. Cumberland Md.

15 Filed ..... 192 G. HAMPSON JONES, M. D. Registrar

5 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia.
Fracture of the skull. Accidental fall down stairs.
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 119 W. Mulberry St. December 31, 1930.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/5/1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md

DATE OF BURIAL Jan V 1931

20 UNDERTAKER Chas. G. Black 742

ADDRESS W. Northwest

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63926

CERTIFICATE OF DEATH.

157-003

E 63926

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 Wyanoke Ave. Ward 9-47)

2-FULL NAME Infant Silas Carrick

(a) RESIDENCE NO. 607 Wyanoke Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 4-1931

7 AGE Years Months Days IF LESS than 1 day 7 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Olin C. Carrick

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Aletha E. Ennis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Olin C. Carrick

(Address) 607 Wyanoke Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 5, 1931, that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* was as follows:

Premature

Foramen Ovale not closed

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Flair, M. D.

, 19 (Address) 2704 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gorrain Park Cemetery

Date of Burial: Jan 6 1931

20 UNDERTAKER: Chas. H. Black

ADDRESS: Fyzee - North Ave

very important. See instructions on back of certificates.

5 1931

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

157-003 E 63927

E 63927

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 Wyanoke Ave. Ward 19-47)

2-FULL NAME Infant Wesley Carrick

(a) RESIDENCE NO. 607 Wyanoke Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jan 4 1931

7 AGE: Years | Months | Days | If LESS than 1 day, 9 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Oliver C. Carrick

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Aletha E. Ennis

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Oliver C. Carrick

(Address) 607 Wyanoke Ave

15 C. HAMILTON JONES, M. D. Registrar

Filed 3-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 5, 1931, that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows: Premature Foramen Ovale not Closed

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. L. Fair, M. D.

, 19 (Address) 2704 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery — Date of Burial: Jan 6 1931

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. Northave

very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

Dr Chas B. Kerr 408 N. Patterson Park Ave Wy 6142 J

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 63928

CERTIFICATE OF DEATH

E 63928

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Winston Ave 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Botzler

(a) RESIDENCE NO. 801 Winston Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John Botzler

6 DATE OF BIRTH (month, day, and year) Oct 20th 1863

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Overdeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant John H. Botzler
(Address) 807 Winston Ave

15 Filed 5-1931, 19.... C. HAMILTON JONES, Registrar RKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1931-2 PM

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to Jan. 4, 1931, that I last saw her alive on " 4, 1931 and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Chronic Intst. Nephritis

(duration) 1 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Elias Sneed, M. D.

1/5/31 (Address) 405 Pat Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 1/7/1931

20 UNDERTAKER Tom Cook

ADDRESS 1217 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

Coroner Bladen Fayette & Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63929

E 63929

CERTIFICATE OF DEATH.

177 7-5709

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3604 Fait Ave 16-37 Ward)

2-FULL NAME Katherine Yupatoff

(a) RESIDENCE NO. 3604 Fait Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1st 1924

7 AGE: Years 6 Months 1 Days 4 IF LESS than 1 day.....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Yupatoff

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Katherine Luttig

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Connecticut

14 Informant: John Yupatoff

(Address) 3604 Fait Ave

15 Date 1-6-1931 16 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Intestinal Toxemia, Pneumonia, probable

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

Jan 5/31 (Signed) G. C. Stalter M. D.

(Coroner)

1/7 19 (Address) 1316 Bway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery

Date of Burial 1/7/1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63930

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 8-12 WARD)

2-FULL NAME Andrew J. Wilson

(a) RESIDENCE NO. 2319 E. Chase ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Jane Wilson

6 DATE OF BIRTH (month, day, and year) Nov. 22, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67		13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work out of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Greenville
(State or country) S. C.

PARENTS

10 NAME OF FATHER Andrew

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Martha Winn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S. C.

14 Informant Records of
(Address) Balto. City Hosp.

5 - 1931 C. HARRISON ..., M. D.

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29-30, 19..., to 1-5-31, 19..., that I last saw him alive on 1-5-31, 19..., and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis
Chronic myocarditis
Chronic nephritis
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy findings

(Signed) Fred M. Dudzewski, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/8/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63931

E 63931

CERTIFICATE OF DEATH.

REGISTERED NO. 107-981

1-PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Balto Md ST. 22-30 WARD)

2-FULL NAME Jessie Fischer

(a) RESIDENCE NO. 215 S. Sharp ST. ST., WARD (If non-resident give city or town and State)

(Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-16-1893

7 AGE Years 37 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records City Hospts. (Address) Balto City Hospts.

15 Filed 5-2-1931, 19 C. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/31

17 I HEREBY CERTIFY, That I attended deceased from 12-26-, 19 30, to 1-4-, 19 31, that I last saw her alive on 1-4-, 19 31, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholic Delirium (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Friedman, M. D.

1/5, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/7/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks

E 63932 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63932

35

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hosp

CITY OF BALTIMORE: (NO. 10-14 ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Masonek

(a) RESIDENCE NO. 1024 N. Dallas ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: 61 Years — Months — Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Francis Masonek

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Austria

12 MAIDEN NAME OF MOTHER Celia ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Austria

14 Informant Records (Address) Baltimore City Hosp.

Filed 5 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from 7-23-, 1928, to 1-3, 1931, that I last saw him alive on 1-3-, 1931, and that death occurred, on the date stated above, at 12-15 P.M.

The CAUSE OF DEATH* was as follows:

Encephalopathy Cerebrovascular
Urethral Stricture
Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of 1927 ?

Was there an autopsy? No

What test confirmed diagnosis? Clinical Obs.

(Signed) Fred M. Dunlavell, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral Cemetery

DATE OF BURIAL 1/6/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 63933 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63933

X 49-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-4 WARD)

2-FULL NAME Harriett Stern

(a) RESIDENCE NO. 430 W. 19TH ST. Norfolk Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Max Stern

6 DATE OF BIRTH (month, day, and year) Jan. 1883

7 AGE 48 Years 47 yrs. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Arthur Hinchcourt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records
(Address)

15 Filed 5-1931, 19 C. HAMPSON JONES, M. D. Registrar RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 19 30, to Jan. 4, 19 31, that I last saw he alive on Jan 4, 19 31, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Ca. of Ovary - metastasis to Peritoneum

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-17-30

Was there an autopsy? Yes

What test confirmed diagnosis? X ray

(Signed) C. H. Jones, M. D.

, 19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/6/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 63934 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63934

CERTIFICATE OF DEATH.

149-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST. 27-56 WARD)

2-FULL NAME Mrs Marion Mulvey

(a) RESIDENCE NO. 3323 St Lambert Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bernard Mulvey

6 DATE OF BIRTH (month, day, and year) March 17 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Kansas City, Mo.
(State or country)

PARENTS

10 NAME OF FATHER John Livers

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Gettysburg Pa.

12 MAIDEN NAME OF MOTHER Malvy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Illinois

14 Informant M. Bernard Mulvey
(Address) 3323 Lambert Ave.

Filed ..... 19 ..... Registrar

5 - 1931 C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Jan 3, 1931, that I last saw h.e alive on Jan 3, 1931, and that death occurred, on the date stated above, at 8 49 A m.

The CAUSE OF DEATH* was as follows:

~~[illegible]~~

Uremia -
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Dec 30, 1930
Poro - Caesarean Section

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL 1/6 1931

20 UNDERTAKER Verna Lemmon.

ADDRESS 4011 Park Heights Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63935

E 63935

CERTIFICATE OF DEATH

23

27-55

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 Tippett ave ST., WARD)

2—FULL NAME Rose Marie Mather

(a) RESIDENCE NO. 5300 Tippett ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Warner N. Mather

6 DATE OF BIRTH (month, day, and year) Oct 21-1898

7 AGE: Years 32 Months 2 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Clifford Linder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila. Penna.

12 MAIDEN NAME OF MOTHER: Mary Hurka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balti. Md.

14 Informant: Mrs. Barbara Rider

(Address) Gutty Hill ave

15 Filed 5-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5. 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1- 1930, to Jan 5 1931, that I last saw h alive on Jan 5 1931 and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? T. B. Bacilli found

(Signed) Paul Brown M. D.

1/5. 1931 (Address) 1663 W Mont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 1/8 1930

20 UNDERTAKER: C Vernon Lemmon

ADDRESS: Pall Park Heights ave.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓

E 63936

CERTIFICATE OF DEATH.

E 63936

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 308 S. East ave ST. 1-2 WARD)

2-FULL NAME Mary P. Wagner

(a) RESIDENCE NO. 308 S. East ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Phillip Wagner

6 DATE OF BIRTH (month, day, and year) Oct 15. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	16	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John C. Rau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Schlenderkay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. C. F. Wagner
(Address) 4310 Belview Ave.

15 Filed JAN 6 - 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to Jan 3, 1931, that I last saw him alive on Jan 3, 1931, and that death occurred, on the date stated above, at 1.55 a m.

The CAUSE OF DEATH* was as follows:
Cardio Vascular Renal
Disease & Hypertension

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) ..... yrs. ..... mos. 11 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Rufschneider, M. D.

1/3, 1931 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Jan. 6 1931

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager st

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63937

CERTIFICATE OF DEATH

72-001

E 63937

REGISTERED NO. 12-50

1-PLACE OF DEATH

City of BALTIMORE: (No. 329 E. 22 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Coleman

(a) RESIDENCE NO. 329 E. 22 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine A. Coleman

6 DATE OF BIRTH (month, day, and year): June 17 1849

7 AGE: Years 81 Months 6 Days 17 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Cutter merchant

(c) Name of employer

9 BIRTHPLACE (city or town): Lynchburg

(State or country): Va.

PARENTS

10 NAME OF FATHER: John Ellis Coleman

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Eleanor Cathcart

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Eleanor Bernard

(Address) 329 E. 22nd St

15 Filed ..... 19 ..... Registrar

JAN 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1930, to June 4 1931, that I last saw him alive on June 3 1931, and that death occurred, on the date stated above, at 12:25 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Leukemia by autopsy

(duration) 3 yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood picture

(Signed) Edgar F. Daniels M. D.

19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

Date of Burial: Jan. 7 1931

20 UNDERTAKER: George W. Zirkler

ADDRESS: 1737 E. Eager St

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 63938 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63938

46-006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST. 11-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Thompson

(a) RESIDENCE NO. 845 Hamilton Terrace ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 16 1862 (1866)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Trained Nurse 048
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS
10 NAME OF FATHER Stephen Thompson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.
12 MAIDEN NAME OF MOTHER Mary Ann Mooney
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland.

14 Informant Eugene Engle
(Address) 845 Hamilton Terrace

15 Filed N 6 - 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Jan 5, 1931, that I last saw him alive on Jan 5, 1931, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Pancreas

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Shock & Hemorrhage.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Laparotomy)
Did an operation precede death? Yes Date of 1/5/31
Was there an autopsy?
What test confirmed diagnosis? Findings at operation.
(Signed) G. Bryan Mannsdorfer, M. D.
1/5/19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery
DATE OF BURIAL 1/7 1931

20 UNDERTAKER Henry W. Myers & Son
ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63939

CERTIFICATE OF DEATH.

107-001

E 63939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., W-69 WARD)

2-FULL NAME Fannie Hall

(a) RESIDENCE No. 2304 Fayette St ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Kent Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Eliza Sherlock.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Jas McColgan (Address) Urnans Ant. City

15 Filed 6-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 4, 1931, that I last saw her alive on Jan 3, 1931, and that death occurred, on the date stated above, at 5:20 m.

The CAUSE OF DEATH* was as follows:

Ac Bronchitis Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2304 W Fayette St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) W. A. Snell, M. D.

, 19 (Address) Lanington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 7th 1931

20 UNDERTAKER Fred A. Krauss & Son

ADDRESS 703 Hamp

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-063

E 63940

CERTIFICATE OF DEATH.

E 63940

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel ST. 27-53 WARD)

2-FULL NAME D'Arcy Pattison Bryan

(a) RESIDENCE NO. 4913 Roland Av. ST., _____ WARD _____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? 75 yrs. 9 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nannie Wallace Bryan

6 DATE OF BIRTH (month, day, and year) March 9 1855

7 AGE	Years	Months	Days 26	If LESS than 1 day, ____ hrs. or ____ min.
	75	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Dorchester Co (State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. Jas. L. Bryan

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eurielia Pattison

13 BIRTHPLACE OF MOTHER (city or town) Dorchester Co (State or country) Maryland

14 Informant Mr. J. Wallace Bryan (son) (Address) 4913 Roland Ave

15 Filed 6-1931 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1930 to Jan. 5, 1931, that I last saw him alive on Jan. 2, 1931, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows: Sudden heart failure probably cardiac embolus. Had pulmonary embolus 10-19-1930. Cardiac Decompensation (duration) yrs. 1 mos 17 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis, General Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Cardiogram.

(Signed) M. Lebron Portis M. D.

1/6, 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Jan. 7, 1931.

20 UNDERTAKER Stewart & Green Co ADDRESS Balto.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-005

E 63941

CERTIFICATE OF DEATH.

E 63941

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Cathedral ST. 11-24 WARD)

2-FULL NAME Lillian Mae Roberts

(a) RESIDENCE NO. 1106 Cathedral ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? 47 yrs. 8 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May-3-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Maryland

PARENTS

10 NAME OF FATHER: Francis Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Celina Louisa Hurstaven

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Conn.

14 Informant: Mrs Isabelle P. Price (aunt)
(Address) 1106 Cathedral St.

15 Filed ..... 19 ..... HAROLD JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 5/31

17 I HEREBY CERTIFY, That I attended deceased from July 24, 19 30, to January 5, 19 31, that I last saw he alive on January 4, 19 31, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver —

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hypertension —

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. S. Emry —, M. D.

Jan 5, 19 31 (Address) 6 W. Mt. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Jan 8, 19 31

20 UNDERTAKER: Stewart & Mouat Co

ADDRESS: Balto.

E 1031

Spec.—1-30—M. & T.—250 Bks

E 63942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63942

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 314 N. Fulton Ave ST. 18-26 (WARD)

2-FULL NAME John Alfred Bell

(a) RESIDENCE NO. 314 N. Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W. H. Bell

6 DATE OF BIRTH (month, day, and year) Apr 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Railway
(c) Name of employer B&O R.R.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS
10 NAME OF FATHER John Bell
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Sarah Collins
13 BIRTHPLACE OF MOTHER (city or town) Carroll
(State or country) Md

14 Informant Mary H. Bell
(Address) 314 N. Fulton Ave

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

6-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3-31

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1930, to Jan 3, 1931, that I last saw h ~~in~~alive on Jan 3, 1931, and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
(duration) yrs. 6 mos 13 ds.

CONTRIBUTORY (Secondary) .....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Beauchamp Ford M. D.
1/6, 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL Jan 5 1931

20 UNDERTAKER G. W. Tedmuir & Sons — ADDRESS Northern

Spec.—2-29-28—L. F. S.—500 Bks.

E 63943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 63943

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 So Mount ST., 14-28 WARD)

2—FULL NAME Mrs. Catherine Kuehne

(a) RESIDENCE NO. 316 So Mount St ST., ... WARD ✓
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Lifetime~~ yrs. How long in U. S., if foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rev. Hugo Kuehne

6 DATE OF BIRTH (month, day, and year) Jany 3-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Baltimore Md.~~

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Philip Dietrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. B. B. Watts
(Address) 316 S. Mount St.

15 Filed 6 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 4-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930, to Jany 4, 1931, that I last saw her alive on Jany 4, 1931 and that death occurred, on the date stated above, at 3-45 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) 2 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

1/5, 1931 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lindon Park	Jan. 6 1931

20 UNDERTAKER Harry H. Witzke, 4101 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63944

E 63944

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (NO. ..... ST. 7-2 WARD)

2-FULL NAME John Madener (Medina)

(a) RESIDENCE NO. 933 Pennsylvania ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29		6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Porto Rico

PARENTS

10 NAME OF FATHER Thos. Medina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Proto Rico

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Porto Rico

14 Informant Hospital Records
(Address) C. HANSON JONES, M. D.

15 Filed 6-1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1930, to Jan. 3, 1931, that I last saw him alive on Jan. 3, 1931, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Feuer, M. D.

1-3 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/6 1931

20 UNDERTAKER John J. Fahey Co

ADDRESS 1918 Druid

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63945

CERTIFICATE OF DEATH.

93-003 E 63945

1. PLACE OF DEATH Baltimore City Hospitals

76-37

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

2. FULL NAME Mary McDermott

(a) RESIDENCE No. none St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 75; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Records of
(Address) Balto. City Hosp.

15 Filed 6-1931. Samuel Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-31

17 I HEREBY CERTIFY, That I attended deceased from 2-15-21, 19..., to 1-5-31, 19... that I last saw her alive on 1-5-31, 19... and that death occurred, on the date stated above, at 6:20 A.m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic.
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis, acute
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home. 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

1-5. 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 1/6 1931

20 UNDERTAKER: John J. Fahey Son

ADDRESS: 1818 Light St

Spec.—1-30—M. & T.—250 Bks.

E 63946

HEALTH DEPARTMENT—CITY OF BALTIMORE

34

E 63946

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hospls

CITY OF BALTIMORE, (No. Balto Md ST. 14-20 WARD)

2-FULL NAME Thomas Lake

(a) RESIDENCE NO. 1700 Madison Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Records at Balto City Hosp
(Address)

15 Filed 1-6-1931, 19.. Reg. Johns Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/31

17 I HEREBY CERTIFY, That I attended deceased from 7-15-, 1929, to 1-5-, 1931, that I last saw him alive on 1-4-, 1931, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane
(duration) ..... yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Urinary Infection
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Guy Fiddimont M. D.

1/5, 19.. (Address) Baltimore City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/8 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

1-30—M. & T.—100 B—50L

E 63947

HEALTH DEPARTMENT—CITY OF BALTIMORE

140 E 63947

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 14-27 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evangeline Jordon Smith

(a) RESIDENCE No 504 N. Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Smith

6 DATE OF BIRTH (month, day, and year) July 28. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St mary Co Md.

PARENTS

10 NAME OF FATHER Donald Jordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Smith

(Address) 504 N. Gilmore

6 1931 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Septic Infected abortion (10 weeks)

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 504 N. Gilmor St

Did an operation precede death? — Date of —

Was there an autopsy? —

What tests confirmed diagnosis? History

(Signed) G. E. Caples, M. D. Coroner

, 19 1 (Address) 1438 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/7 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

63948

23 E 63948

CERTIFICATE OF DEATH.

REGISTERED NO. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 Raynor Av ST. ..... WARD)

2-FULL NAME Maurice Temple Clements

(a) RESIDENCE NO. 2741 Raynor Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Divorced.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Nov. 25 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) Printing

(c) Name of employer not given

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER James W. Clements

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ella Bryan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Clarence B Clements
(Address) 2741 Raynor Av.

15 Filed JAN 6 - 1931 E. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930, to Jan 4, 1930, that I last saw him alive on Jan 3, 1930, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Tuberculosis

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wendell Wendell Dally, M. D.

1-5, 1931 (Address) US Vit Bureau. Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER Chenowith & Son

ADDRESS 2015 Eutaw Ave

Spec.—1-30—M. & T.—250 Bks.

63949

E 63949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 Mary Ave ST. 26-46 WARD)

2-FULL NAME Charlotte Schnapp.

(a) RESIDENCE No. 4604 Mary Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of J. Bernard Schnapp

6 DATE OF BIRTH (month, day, and year) Dec 6 - 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79		29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Frank Neehaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Frank B. Schnapp
(Address) 4604 Mary Ave

15 Filed 6-1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 5th, 1931, that I last saw her alive on Jan 4th, 1931, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edw H Benson, M. D.

1/5/31 19 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilkes Barre Pa — DATE OF BURIAL June 19 31

20 UNDERTAKER Geo M. Fridl & Son — ADDRESS 811 N Wolfe

Spec.—1-30—M. & T.—250 Bks

E 63950 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-00 E 63950

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Ashland Av. ST., 12 WARD)

2-FULL NAME David C. Laumaster

(a) RESIDENCE No. 2707 Ashland av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ of Bessie Laumaster

6 DATE OF BIRTH (month, day, and year) Apr 25/04

7 AGE: Years 26 Months 8 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David Laumaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Katherine Longer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Katherine Stickler
(Address) 2707 Ashland av

15 Filed JAN 6 - 1931 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 2, 1931, that I last saw him alive on Jan 3 1931 and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

acute appendicitis

acute myocarditis 3 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute nephritis 2 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Path.

(Signed) F. W. Gordon M. D.

19 (Address) 5-3 800 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1/7 1931

ADDRESS 2016 Orleans st

20 UNDERTAKER Philip Hennig

Spec.—1-30—M. & T.—250 Bks

63951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63951

23

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 507 N. Chester ST. 7-10 WARD)

2-FULL NAME Sarah F. Raubach

(a) RESIDENCE NO. 507 N. Chester ST., _____ WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Raubach

6 DATE OF BIRTH (month, day, and year) Dec 8/1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. W. Deal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Haywood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Gustav Raubach
(Address) 507 N. Chester St

Filed _____, 19 _____ Registrar

JAN 5 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Jan 3, 1931, that I last saw h[illegible] alive on Jan 2, 1931, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetic nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Phthisis (duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. E. Hogan M. D.

(Address) 7001 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL Jan 6 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Cor.—10-10-29—A Co.—100 Bks.

E 63952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63952

210-002

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) St. Jos. Hosp St., 8-16 (Ward)

2-FULL NAME Adam E Wilson

(a) RESIDENCE NO. 1800 Monford St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margt E Wilson

6 DATE OF BIRTH (month, day, and year): 9/12/1878

7 AGE: Years 52 | Months 3 | Days 19 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Wrecker
(b) General nature of industry, business, or establishment in which employed (or employer): Railways
(c) Name of employer: B&O

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: Benj F. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Emma Amoss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Margaret Wilson
(Address) .....

Filed JAN 6 - 1931 JAMES H. JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
struck knocked down by interurban car

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Fullerton Md

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L Frank, M. D.

1/6, 1931 (Address) Hazelwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Park Wood

DATE OF BURIAL: Jan 7 1931

20 UNDERTAKER: Frederick Lassahn

ADDRESS: 7401 Blair Road

important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 63953 HEALTH DEPARTMENT—CITY OF BALTIMORE 63953

CERTIFICATE OF DEATH. X 72-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital ST. WARD)

2. FULL NAME Beatrice Ross

(a) RESIDENCE NO. Hanover Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 3 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white.	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7th 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Albert L. Ross.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Dorothy Darkerly.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr. Albert L. Ross.
(Address) Harwood Md.

15 Filed N 6 - 1931 HANSON JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931, to Jan 6, 1931 that I last saw her alive on Jan 6, 1931 and that death occurred, on the date stated above, at 3:10 a.m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(duration) yrs. 5-6 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory

(Signed) Chas D. Phillips M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Augustine Cem Eckridge, Md — DATE OF BURIAL 1/9/1931

20 UNDERTAKER John J Howard & Son — ADDRESS 901 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 63954

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 63954

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 413 Angelsea ST., 26 WARD)

2—FULL NAME Joseph Petza

(a) RESIDENCE NO. 413 Angelsea St ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mary Petza

6 DATE OF BIRTH (month, day, and year) Sept 25 1868

7 AGE: Years 62 Months 3 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stokers Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer -

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) German Poland

PARENTS

10 NAME OF FATHER John Petza

11 BIRTHPLACE OF FATHER (city or town) (State or country) German Poland

12 MAIDEN NAME OF MOTHER Johanna Ruzinsked

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany Poland

14 Informant Mrs Jessie L. Krause
(Address) 413 S. Angelsea St

15 Filed JAN 6 - 1931 19 C. HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from about 5 yrs. last as stated, 19 to 19 , that I last saw him alive on Jan 3 1931 and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary T.B. and intestinal T.B.

(duration) about 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Olsa, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Dr Louis Volz M. D.

1/4 1931 (Address) 3042 Hudson St Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery

DATE OF BURIAL: Jan 7th 1931

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 S. Wolfe St.

1-30—M. & T.—100 B—50L

E 63955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63955

CERTIFICATE OF DEATH

181

REGISTERED NO. 76-31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 400 Eaton ST., (OR WARD)

2-FULL NAME Ford J. Peetz

(a) RESIDENCE NO 400 Eaton ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. 12 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE: Years 56 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer in Ice Plant
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co.

PARENTS

10 NAME OF FATHER John Peetz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Reuter

(Address) 4304 Valley View Ave.

15 Filed ....., 192 ..... Registrar

JAN 6 - 1931 C. FRANKLIN JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Pneumonia 2 to 3 - Days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock Instant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. E. Slade, M. D. Coroner

, 19 (Address) 1436 Tyson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan 6 1931

20 UNDERTAKER Lilly + Zeiler Inc

ADDRESS 403 S. Hoya

Spec.—1-30—M. & T.—250 Bks

E 63956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63956

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 2 WARD)

2-FULL NAME Eva Kistner ST., 2 WARD .....

(If non-resident give city or town and State)

(a) RESIDENCE No. 304 S. Ann ST. .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Germany~~ Balto. Md.

PARENTS

10 NAME OF FATHER Adam Kistner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Krebs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed 1931 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from 10-17, 1930, to 1-4, 1931, that I last saw her alive on 1-4, 1931, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardiovascular disease (duration) ? yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko, M. D.

1/4, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loy Bedemeier

DATE OF BURIAL Jan 8 1931

20 UNDERTAKER L. Ulrich Zeller M.C.

ADDRESS 1402 W. Baltimore

Cor.—10-10-29—A Co.—100 Bks.

E 63957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63957

CERTIFICATE OF DEATH

20-693-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. # 415 Poplar Grove St., 20 Ward)

2-FULL NAME Carrie Pease

(a) RESIDENCE NO. # 415 Poplar Grove St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Otis K. Pease

6 DATE OF BIRTH (month, day, and year) July 18, 1880.

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
50	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James Pease

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Baltimore, Md.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore, Md.

14 Informant Mr Otis K. Pease
(Address) # 415 Poplar Grove St.

15 Filed ..... 19..... G. Hunter Jones Jr. Registrar

JAN 6 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/1931.

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. J. Brooks M. D.

Jan 5. 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 1/7/ 1931.

ADDRESS

20 UNDERTAKER John J. Cowan & Son 901 Hollins St.

important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63958 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 63958

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 400 E Preston ST., 27-42 WARD

2-FULL NAME David H. Smith

(a) RESIDENCE NO. 400 E Preston ST. WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius A. C. Smith

6 DATE OF BIRTH (month, day, and year) not known

7 AGE Years 73. Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Jane Syd

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs. Ward (Address) 400 E Preston St.

15 Filed OCT 1931 19 HAMILTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/31

17 I HEREBY CERTIFY, That I attended deceased from 12/31/ 1930 to 1/4/ 1931, that I last saw him alive on 1/4/ 1931, and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Cardio-renal-vascular disease

(duration) 1? yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) _____ yrs. _____ mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms + signs

(Signed) J. V. Castagna, M. D.

19 (Address) 207-8 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lineil Cadrich

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER Mendel & Hoffman

ADDRESS 300 N Eutaw St

Spec.—1-30—M. & T.—250 Bks.

E 63959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63959

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Lyndenham Hospital ST., 9-45 WARD)

2-FULL NAME Herbert Spriggs

(a) RESIDENCE NO. Jewell, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) one

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jewell, Maryland

PARENTS

10 NAME OF FATHER Mordie Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecka Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Rebecca Spriggs
(Address) Jewell, Md.

15 Filed 6-1931, 19 C. BLANDFORD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 5, 1931, that I last saw him alive on Jan. 5, 1931, and that death occurred, on the date stated above, at 10 00 p. m.

The CAUSE OF DEATH* was as follows:
Laryngeal and Tonsillar Diphtheria
(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Acute Toxic Myocarditis
(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? Jewell, Md.

Did an operation precede death? no Date of

Was there an autopsy? no Positive Throat cultures

What test confirmed diagnosis? Examination of throat

(Signed) L. Peter Meranski, M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehaney Memorial Colonial Co.

DATE OF BURIAL Jan 8 19

20 UNDERTAKER B. L. Hopping

ADDRESS Annapolis Md.

Spec.—1-30—M. & T.—250 Bks

Papas

E 63960

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 45-003

E 63960

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hosp. 1924

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Peter Papas

(a) RESIDENCE NO. 91 Pennsylvania Ave ST., ... WARD Greek

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer Geo Raggoli

9 BIRTHPLACE (city or town) Lighthouse

(State or country) N.C.

PARENTS

10 NAME OF FATHER John Papas

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Greece

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Greece

14 Informant Friends

(Address) Baltimore City Hosp

15 Date NOV 6 1930 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-31

17 I HEREBY CERTIFY, That I attended deceased from 12-22, 1930, to 1-4, 1931, that I last saw him alive on 1-4, 1931, and that death occurred, on the date stated above, at 9 00 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach with broad metastases

(duration) yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Secondary Pneumonia

(duration) 2 yrs. 3 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy finding

(Signed) Fred M. Dickinson M. D.

, 19 (Address) Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 1/7 1931

ADDRESS Catholic

20 UNDERTAKER Robt Burke & Son

Hollins

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

63961

VE 63961

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2505 Brohawn ave St., 25-73 Ward)

2-FULL NAME Harry MacMurray

(a) RESIDENCE NO. 2505 Brohawn ave St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma MacMurray

6 DATE OF BIRTH (month, day, and year) June 5/82

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	48	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Moulder
(b) General nature of industry, business, or establishment in which employed (or employer) General Electric
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER George T. MacMurray

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Langtity

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Emma MacMurray
(Address) 2505 Brohawn

Filed JAN 6 - 1931 HANSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to L. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas. H. Brooke M.D.

Jan 5. 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 7 1931

20 UNDERTAKER Mrs. John W. Teufel & Son ADDRESS 801 W Fayette

Use only in plain terms, as this is the property of DEATH in important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

244019
E 63962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 63962

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ST., 1-3 WARD)

2-FULL NAME Baby Karlros

(a) RESIDENCE NO. 2409 Fairview ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence is city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec-30-1930

7 AGE: Years | Months | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Walter Karlros

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catharine Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 5-1931 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930 to Jan 5, 1931, that I last saw him alive on Jan 5, 1931, and that death occurred, on the date stated above, at 9 30 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) V. C. Goodwin M. D.

1/6. 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL 1/6/31 19

ADDRESS 2811 Lanvale St

20 UNDERTAKER John C. Duda

Cor.—12-9-25—A Co.—200 Bks.

E 63963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63963

131

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 9-17 Ward)

2-FULL NAME Sarah C. O'Connor

(a) RESIDENCE NO. 1421 E. Lanvale St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fenale	White	Widow

5a If married, widowed, or divorced
husband of
(or) WIFE of Joseph C. O'Connor

6 DATE OF BIRTH (month, day, and year) March 2nd. 1875

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
55	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Patrick Nestor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Flatley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Julia Flanigan
(Address) 4112 Belvieu Ave.

15 Filed G. HAMPSON JONES M. D. Registrar

N 6 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chr. Interstitial Nephritis
Uremia
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Carter M. D.
(Coroner)

Jan 6/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

Date of Burial 1/7 1931

20 UNDERTAKER Chas. E. Evans & Son

ADDRESS 1130 Mt Royal Ave.

Of Death in space provided. See instructions on back of certificate. very important.

Spec.—1-30—M. & T.—250 Bks.

E 63964

E 63964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4225 Wickford Road ST. 27-49 WARD)

2-FULL NAME Rosa Regina McGovern

(a) RESIDENCE No. 4225 Wickford Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of : : :

6 DATE OF BIRTH (month, day, and year) Dec. 23- 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
52 51		0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James McGovern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Miss Bessie McGovern
(Address) 4225 Wickford Road

15 Filed 6-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1931, to Jan 5 - 1931, that I last saw h. alive on Jan 5 - 1931, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage due to Ch. Interstitial Hypertension

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) High Blood Pressure (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Beeck M. D.

1/5, 19 31 (Address) 5 Alto Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/7 19 31

20 UNDERTAKER Chas. F. Krause Hm

ADDRESS 1180 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63965

E 63965

CERTIFICATE OF DEATH.

159

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 E Biddle ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Kelly

(Residence in Baltimore: No. 2737 E Biddle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Jan 5, 1931 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 16 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Patrick Kelly

11-BIRTHPLACE OF FATHER (State or Country), Newfoundland

12-MAIDEN NAME OF MOTHER Mary Brennock

13-BIRTHPLACE OF MOTHER (State or Country), Newfoundland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick Kelly

(Address) 2737 E Biddle

15-

Filed JAN 6 - 1931 1931 H. P. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1931 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1931, to Jan 5 1931, that I saw him alive on Jan 5 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Ralph Pilcher M. D.

Jan 5, 1931 (Address) 26 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Jan 6, 1931

20-UNDERTAKER John C Millen ADDRESS 25 E Oliver

Spec.—8-24-14—M. & T.—2000 Bks.

E 63966 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 63966

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 E Biddle ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Kelly

(Residence in Baltimore: No. 2737 E Biddle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Jan 5, 1931 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 10 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Patrick Kelly

11-BIRTHPLACE OF FATHER (State or Country), Newfoundland

12-MAIDEN NAME OF MOTHER Mary Brunnock

13-BIRTHPLACE OF MOTHER (State or Country), Newfoundland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick Kelly

(Address) 2737 E Biddle

15-

Filed ..... H. Walk Jones M. D. Registrar.

JAN 6 - 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1931 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1931, to Jan 5 1931, that I saw h[illegible] alive on Jan 5 1931, and that death occurred, on the date stated above, at 6-00 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Ralph L Hoyt M. D.

Jan 5, 1931. (Address) 726 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan 6, 1931

20-UNDERTAKER John C Miller & Son

ADDRESS 35 E Oliver St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-002

E 63967

CERTIFICATE OF DEATH

E 63967

REGISTERED NO. .....

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 7-13 WARD)

2-FULL NAME William J Cummings

(a) RESIDENCE No. 1616 N Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Lizzie Jennings

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crewe Va

PARENTS

10 NAME OF FATHER John Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Crewe Va.

12 MAIDEN NAME OF MOTHER Francis Cantrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lizzie Jennings.
(Address) 1616 N. Wolfe St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: 1. Fall from house 2. Fracture of Femur

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Bay View Grds

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) G. E. Slade, M. D. Coroner

19 (Address) 173 N. Dukeway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crewe Va

DATE OF BURIAL Jan 8, 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1727 Aisquith

ANG 1930 HARRISON JONES, R

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 63968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED No. E 63968

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 6-9 WARD)

2-FULL NAME William Wilburn

(a) RESIDENCE No 410 N. Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roxie Wilburn

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER John Wilburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Martha Harford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Roxie Wilburn
(Address) 410 N. Wolfe St

15 Filed 1931 192 C. MANSON JONES Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Jan 6/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL Jan 7, 1931

20 UNDERTAKER Wm. H. A. Elliott

ADDRESS 1725 Gorsuch

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63969

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 63969

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 3-5 WARD)

2-FULL NAME Henry Grube

(a) RESIDENCE No. Outdoor Sleeping Porch ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) ? (State or country)
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Hospital Record
(Address)

15 Filed JAN 6 - 1931 16 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-30

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 1930, to 12-30, 1930, that I last saw him alive on 12-30, 1930, and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Geyho, M. D.

12/30, 1930 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JAN 6 - 1931 19

20 UNDERTAKER Commissioner Health

ADDRESS

UNIVERSITY OF MARYLAND

Spec.—9-30—A. & Co.—250 Bks

E 63970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 63970

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Fleetwood Ave ~~St.~~ 27-43 WARD)

2 FULL NAME Minnie Diefenbach

(a) RESIDENCE No. 3031 Fleetwood Ave ~~St.~~ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	3 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Diefenbach

6 DATE OF BIRTH (month, day, and year) Aug 4, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	4	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Kreusler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick Diefenbach
(Address) 3031 Fleetwood Ave

15 Filed ..... C. MANDER JONES, M. D. Registrar

N C - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/31

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to Jan 3, 1931 that I last saw h e alive on Jan 3, 1931 and that death occurred, on the date stated above, at 7 40 P. m.

The CAUSE OF DEATH* was as follows:
Hypertension, Cardio vascular renal disease with auricular fibrillation

(duration) 12 yrs. 8 mos. 20 ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Howard M. Bubert M. D.

Jan 5. 1930 (Address) 821 Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

UNDERTAKER Wm. C. Miller & Son

DATE OF BURIAL Jan. 6 1931

ADDRESS 2334 Jefferson St

Spec.—9-30—A. & Co.—250 Bks.

E 63971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 63971

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Jefferson St. 6-10 WARD)

2 FULL NAME Ida Marcella Wittmer

(a) RESIDENCE No. 2423 Jefferson ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Whitmer

6 DATE OF BIRTH (month, day, and year) Jan. 16/1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proprietress 019

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Balto. Md.

PARENTS

10 NAME OF FATHER Christopher Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Ida Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Helen Benard
(Address) 112 Pine St. Collingdale, Pa

15 Filed ..... 19..... C. NELSON JONES, M. D. Registrar

N C - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/31.

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Jan 4, 1931, that I last saw her alive on Jan 3, 1931, and that death occurred, on the date stated above, at 5-30 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Arteriosclerosis 2

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) ..... yrs. ..... mos. ..... ds.

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Meyer Jr. M. D.

1/5 1931 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 7 1931

20 UNDERTAKER Wm. C. Miller & Son

ADDRESS 2334 Jefferson St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63972

CERTIFICATE OF DEATH

11-001

E 63972

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Hanover ST. 23-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin Hughes

(a) RESIDENCE NO. 1309 Hanover ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary McGlade Hughes

6 DATE OF BIRTH (month, day, and year): Sept 2 1868

7 AGE: Years 62 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer): Coal Worker

(c) Name of employer: Farmer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thomas Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret McGlade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Mary Hughes (wife)
(Address) 1309 Hanover St

15 1-6-1931 C. STANLEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 4 - 1931

17 I HEREBY CERTIFY, That I attended deceased from January 2, 19 31, to January 4 19 1931 that I last saw him alive on January 3, 19 931 and that death occurred, on the date stated above, at 3 75 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos. F. Stearns, M. D.

1-5, 19 31 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan 7 1931

20 UNDERTAKER: Chas. L. Stearns

ADDRESS: 1301 E Pratt

Spec.—1-30—M. & T.—250 Bks.

E 63973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63973

CERTIFICATE OF DEATH.

X 59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST., 7-9 WARD)

2-FULL NAME Hannah Grace Sweets.

(a) RESIDENCE NO. Ocala, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emanuel Sweets

6 DATE OF BIRTH (month, day and year) Feb 6, 1873

7 AGE: Years 57 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Faught

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Glen Faught

(Address) Ocala Md

15 Filed 1931 19 MADISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1930, to Jan 6, 1931, that I last saw h. alive on Jan 6, 1931, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows: Diabetes, cellulitis, Sepsis, Asthenia, Myocardial Failure

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cellulitis, Sepsis, Diabetes. (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Ocala + Bucks County

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture + Sugar

(Signed) M. M. Boyles, M. D.

Dec. 19 31 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ocala Cem

DATE OF BURIAL Jan 8 19 31

20 UNDERTAKER Carlos Lore

ADDRESS Ellicott City

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63974

CERTIFICATE OF DEATH

82-001

E 63974

REGISTERED NO. 12-50

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3232 Abell Avenue ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Freeman Gregg

(a) RESIDENCE NO. 3232 Abell Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Finney Gregg

6 DATE OF BIRTH (month, day, and year) June 27, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Towanda
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John William Gregg

11 BIRTHPLACE OF FATHER (city or town) Towanda
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Kellogg

13 BIRTHPLACE OF MOTHER (city or town) Towanda
(State or country) Pennsylvania

14 Informant Miss Madelaine M.C. Gregg
(Address) 3232 Abell Avenue

15 Filed 6-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1. 1931, to Jan 5 1931, that I last saw him alive on Jan 5 1931, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1/6 1931 (Address) 2020 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Jan. 7 1931

20 UNDERTAKER [illegible]

ADDRESS 1003 West Baltimore St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63975

180

E 63975

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (Hospital, St., No.) Union Memorial Hospital (Ward) 7-53

2-FULL NAME William H. Vandenkinaik

(a) RESIDENCE NO. 4625 Resinck Road Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Vandenkinaik

6 DATE OF BIRTH (month, day, and year) Oct 7 - 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Co
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co
(State or country)

PARENTS

10 NAME OF FATHER Wm H. Vandenkinaik

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) USA

12 MAIDEN NAME OF MOTHER Ella F. Ward

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) USA

14 Informant Mrs Mary E. Minnick
(Address) 3106 - Howard Park

15 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intracranial pressure Caused by falling stairs accidentally
Cerebral compression Hemorrhage
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Carl J. Mosser, M. D.

1/6 1931 (Address) 5232 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Cem

DATE OF BURIAL Jan 8 1931

20 UNDERTAKER Gray Bros Sons

ADDRESS Towson

6 - 1931

Of DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47-002

E 63976

E 63976

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 625 St. Johns Road (near city farm) St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Singer

(a) RESIDENCE NO. 228 S. Register St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 1888

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	42	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Martin Singer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Wagner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Amelia Singer (Sister)

(Address) 228 S. Register

15 Filed ....., 19.....

C. MAYNARD JONES, M. D.

Registrar

6-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1930, to Jan 6, 1931, that I last saw h. alive on Jan. 5, 1931, at 10 a. m. and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) J. Joseph Tourney, M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loft Rodemer Date of Burial Jan 8 1931

ADDRESS

20 UNDERTAKER M. H. E. Deppel Inc 372 Amst

OF DEATH in plain terms, so that it may be properly classified. Care exercised in filling out this certificate is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 63977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63977

CERTIFICATE OF DEATH.

94-002

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S East ave ..... WARD) No. 2

2. FULL NAME Frances R Hildt

(a) RESIDENCE No. 13 S East ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E Hildt

6 DATE OF BIRTH (month, day, and year) Feb 22 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thomas Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary T Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ethel M Hill
(Address) 13 S East ave

15 Filed JAN 6 - 1931 C. HAMILTON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930 to Jan 6, 1931 that I last saw her alive on Jan 6, 1931 and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
Valv. Dis Heart
Mitral Regurgitation
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Gustav C. Thieme M. D.

..... 19 (Address) 16 N. Kensington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL Jan 9 1931

20 UNDERTAKER Martin W Redpath Inc — ADDRESS 37 S Ann St

Cor.—10-10-29—A Co.—100 Bks.

E 63978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63978

CERTIFICATE OF DEATH

210-203

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hosp St. 21-29 Ward)

2-FULL NAME Catherine M. Edwards

(a) RESIDENCE NO. 935 South Paca St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Edwards

6 DATE OF BIRTH (month, day, and year) Feby 13, 1909

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
21	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Mc Giff

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER
Margaret La Lotte

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mrs Margaret Mc Giff
(Address) 935 South Paca St.

15 Filed 1931 C. HAMPSON JONES, Registrar.
By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Taxi in which she was riding collided with another Auto overturn

(H) Fract Skull (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? White Marsh Md

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) L. Mance M. D.

1/6, 1931 (Address) 2939 Mt Ellery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	1/8/ 1931
20 UNDERTAKER	ADDRESS
John J. Cowan & Son.	901 Holliday St.

6-1931

Reg. 1931 Reg.

Be sure that it may be properly classified. See instructions on back of certificate. important.

Spec.—9-30—A. & Co.—250 Bks.

E 63979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25 E 63979

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N. Spring St. 19-17 WARD)

2. FULL NAME John Thomas Dee

(a) RESIDENCE No. 1635 N. Spring St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/27/1870

7 AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
60	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Richard Dee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Emma McGee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Margaret Greeley
(Address): 1635 N. Spring St

15 I ..... 19 ..... G. MADISON JONES Registrar

6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 5-1931

17 I HEREBY CERTIFY, That I attended deceased from DEC 1-1930, 19..., to JAN 4-1931, 19...

that I last saw h(M) alive on JAN 4-1931, 19...

and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Strangulated intestine
Ischio Rectal abscess
& General toxemia

(duration) yrs. X mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic intestinal tuberculosis

(duration) 15 yrs. X mos. X ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Otto H. Decker M. D.

JAN 6 - 1931 (Address) 928 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: 1/7/31

20 UNDERTAKER: George J. Ruth Dee — ADDRESS: 1735 Hoy Ave.

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Rks.

E 63980

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-09 D 63980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2934 Edmondson Ave 16th WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Hammer

(a) RESIDENCE No 2934 Edmondson Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M Hammer

6 DATE OF BIRTH (month, day, and year) Nov 11 1886

7 AGE Years 44 Months 1 Days 24 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engraver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cecelia Pinhart

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Rose M Hammer
(Address) 2934 Edmondson Ave

15 Date JAN 6 - 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1930 to Jan 4 1931

that I last saw him alive on Jan 4 1931

and that death occurred, on the date stated above, at 12 05 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 6? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Standish McCleary M. D.

19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1/7/31

20 UNDERTAKER Fergus & Farley

ADDRESS Fulton & Fayette

Spec.—1-30—M. & T.—250 Bks.

243723
E 63981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63981

CERTIFICATE OF DEATH.

K 108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-9 WARD)

2-FULL NAME Dolores Pace

(a) RESIDENCE NO. 6827 Belclare Rd ST., Dundalk WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-14-30

7 AGE: Years ..... Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Stanley Pace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Helen Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 6 - 1931 19 C. MANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-6-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Jan 6, 1931, that I last saw her alive on Jan 6, 1931, and that death occurred, on the date stated above, at 1:15 A.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? yes What test confirmed diagnosis? Physical Findings

(Signed) G. C. Gooding M. D.

1/6, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 1/9/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—8-16-29—L. F. S.—100 Bks.

Dr Samlin 2128 North Ave
Lafayette 1331

E 63982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63982

CERTIFICATE OF DEATH

157-004 6708

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Fayette ST. H-25 WARD)

2—FULL NAME Helen Dolores Edwards

(a) RESIDENCE NO. 653 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26th 1930

7 AGE Years ..... Months 2 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas T. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Helen Selby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hamilton Va

14 Informant Mrs Helen Edward
(Address) 653 W. Fayette st

15 Filed ..... 19 ..... C. HARRISON JONES, M.D. Registrar

JAN 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/3/31, 19..., to 1/5/31, that I last saw her alive on 1/5/31, 19..., and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Malformation, Absence hard palate, Split tongue deformed legs & feet

Since birth (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Benj. Samlin, M. D.

, 19 (Address) 2128 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 1/7/ 1931

20 UNDERTAKER Wm Cook 1217

ADDRESS St Paul st

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co—200 Bks.

Coroner Prince 2939 Mc Elderry

Broadway 1234

210-002-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63983

E 63983

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals

2-FULL NAME Norman R. Watson

(a) RESIDENCE NO. 511 N. Howard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Lillian Watson

6 DATE OF BIRTH (month, day, and year) July 24th 1894

7 AGE: Years 36 26 | Months 5 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Cab Co

(c) Name of employer: Sun Cab Co

9 BIRTHPLACE (city or town)

(State or country): Penna

PARENTS

10 NAME OF FATHER: Allen B. Watson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Grace Dibble

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Mrs Grace Watson

(Address) 511 N. Howard St

15 Filed, 19 JAMES H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Jan 5 he was heavy Collided with another overturning

(A) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? Waite Marsh Md

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

Date of Burial 1/8/31 19

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be a basis of certificate. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Dr France 2939 Mc Elderry St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63984

CERTIFICATE OF DEATH.

NO-007

E 63984

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Genl Hosp. St. Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Louis Jonske

(a) RESIDENCE NO. 4104 Newton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Bertha Jonske

6 DATE OF BIRTH (month, day and year) Nov 7th 1877

7 AGE: Years 53 Months 1 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Bertha Jonske

(Address) 4104 Newton Ave

15 C. MADISON JONES, M. D.

Registrar

6 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by motor auto

(A) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Tibia & Fibula

Traumatic Shock (Duration) yrs. mos. ds.

No card

(Signed) B. J. Frank M. D.

(Coroner)

1/6, 1931 (Address) 2939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Newton & Pinderton Rd

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial 1/7/1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Dr Frank Neth Asst Division Reg 4275

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63985

E 63985

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1201 Eutaw Place 11-24 Ward)

2-FULL NAME Scudder Todd Mowers M.D.

(a) RESIDENCE NO. 1201 Eutaw Place Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mattie Mowers

6 DATE OF BIRTH (month, day, and year) Sept 10th 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): 058

(c) Name of employer: Retired

9 BIRTHPLACE (city or town)

(State or country): N. Y.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs Mattie Mowers

(Address) 1201 Eutaw Place

15 Filed 1931 C. HARRISON JONES, M. D. Registrar

Rec DOH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Jan 5th 1931 (Date) F. C. Finch (Coroner) M. D.

(Address) Bonnie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

Date of Burial: 1/7/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly coded. very important. See instructions on back of certificate.

6

Spec.—9-30—A. & Co.—250 Bks.

E 63986 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63986

CERTIFICATE OF DEATH.

107-001

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... WARD) 14-59

2 FULL NAME Frances Blottenberger

(a) RESIDENCE No. 2257 Fulton Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

length of residence in city or town where death occurred life a mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from 8-9-27, 19..., to 1-6-31, 19..., that I last saw her alive on 1-6-31, 19..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Heart Disease, Arteriosclerotic Arteriosclerosis, general + cerebral

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas. G. Schnedorf M. D.

..... 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arm Cathedral

DATE OF BURIAL 1/9 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Pratt

NOTICE IS very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

63987 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-00 E 63987

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 26-37 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Maggie Hart

(a) RESIDENCE NO. 102 Kresson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hezekiah

6 DATE OF BIRTH (month, day, and year): Nov. 9, 1850

7 AGE: Years 80 Months 1 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: ? Damlin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed, ..., 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from 6-28-30, 19..., to 1-6-31, 19...

that I last saw her alive on 1-6-31, 19...

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Heart Disease, Arteriosclerotic
Arteriosclerosis, General & cerebral

Unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. G. Arnold Jr. M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz

DATE OF BURIAL: 1/9 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 E. Pratt St

NOTE—This space is very important. See instructions on back of certificate.

NEW

Spec.—1-30—M. & T.—250 Bks

E 63988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 63988

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 21 W. West ST. 23-31 WARD)

2-FULL NAME Mary A. Smith

(a) RESIDENCE NO. 21 W. West ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Smith

6 DATE OF BIRTH (month, day, and year) Nov. 21-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Cagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Benj. R. Smith
(Address) 21 W. West St

15 Filed 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1930 to Jan. 3, 1931, that I last saw her alive on Jan. 2, 1931, and that death occurred, on the date stated above, at 5.25 A.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis (duration) yrs. 2 mos. 29 ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Tony Weibel, M. D.

1/5, 1931 (Address) 1224-1226 Hanover Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 7 1931

20 UNDERTAKER Margaret S. Flynn

ADDRESS Arlington St.

1-30—M. & T.—100 B—50L

E 63989

HEALTH DEPARTMENT—CITY OF BALTIMORE

173

E 63989

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 12-30 WARD)

2-FULL NAME Lillian Smith

(a) RESIDENCE NO 565 Lee ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Andrew Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lillie Gittings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Lillie Smith
(Address) 207 Myrtle Ave

15 Filed JAN 7 - 1931 1932 C. ALLISON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis due to gunshot wound of abdomen. Homicide
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 565 Lee St

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Arthur Gillis M. D. Coroner

1/6, 1931 (Address) 73 Gaseria Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER Joseph J. Lively

ADDRESS 409 N. Mount St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63990

93-003

CERTIFICATE OF DEATH.

E 63990

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Potomac ST. 1-2 WARD)

2. FULL NAME Catherine Weinel

(a) RESIDENCE No. 615 S. Potomac ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 68 yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Weinel

6 DATE OF BIRTH (month, day, and year) Sept. 14-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Paul E. Bauenfeind
(Address) 615 S. Potomac st

JAN 7 - 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 5, 1931

that I last saw her alive on Jan 5, 1931

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J. Joseph Toomey M. D.

19 (Address) 800 S. Edwards st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan 9 1931

20 UNDERTAKER George W. Zickler

ADDRESS 1737 E. Eager st

THIS SIDE IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63991

106-001

E 63991

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Fait ave ST. 1-1 WARD)

2-FULL NAME August Schmitz

(a) RESIDENCE NO. 3017 Fait ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa E. Schmitz.

6 DATE OF BIRTH (month, day, and year) Feb. 18-1865

7 AGE	Years	Months	Days 16	If LESS than 1 day, ...hrs. or ....min.
	65	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Louisa E. Schmitz

(Address) 3017 Fait ave.

15 Filed JAN 7 1931 19 C. WALDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4-'31

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 — 1930, to Jan 3 — 1931, that I last saw him alive on Jan 3 1931, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation 4 ds.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Vogel M. D.

1-5-31 (Address) 3043 Hudson st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL Jan. 8 1931

20 UNDERTAKER Geo. R. Zickler

ADDRESS 1737 E. Eager st

THIS IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 63992

63992 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 46 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 467 WARD)

2 FULL NAME Mrs Elizabeth B. Harris

(a) RESIDENCE No. 2923 Mosher St. ST. WARD (If non-resident give city or town and state)

(Usual place of abode)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Harris

6 DATE OF BIRTH (month, day, and year) Mar. 24-1881

7 AGE Years 49 Months 9 Days 11 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Henry Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Rose McKerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant James F. Harris (Address) 2923 Mosher St.

15 Filed 1931 HARRISON JONES, M. D. Registrar

N 7 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Jan 5, 1931, that I last saw her alive on Jan 5, 1931, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Uterus

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (secondary) Pulmonary Embolism (Multiple) (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Dec 13, 1930

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas D. Fife Jr M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Jan 8 1930

20 UNDERTAKER Wm J. Fickner Sons ADDRESS N. Pa

FOR NOTICE OF CERTIFICATE, SEE INSTRUCTIONS ON BACK. IT IS VERY IMPORTANT.

Spec.—1-30—M. & T.—250 Bks

E 63993

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-00 E 63993

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Allendale Rd ST. 15-61 WARD)

2-FULL NAME Elizabeth Frances Wilcox

(a) RESIDENCE No. 2303 Allendale ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Daniel C Wilcox

6 DATE OF BIRTH (month, day, and year) Oct 24-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	78	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER William Steighler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie R. Fulgendam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Daniel C Wilcox (Address) 2303 Allendale Rd

15 Filed JAN 7 1931 H. WINTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5-1931

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1930, to Jan. 5, 1931, that I last saw her alive on Jan. 5, 1931, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage - apoplexy

Since July 24/1930 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms.

(Signed) J. F. Turnwall M. D.

Jan 6, 1931 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan. 7 1931

20 UNDERTAKER J. Fleckenstein Son

ADDRESS Mt Pleasant Ave.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63994

CERTIFICATE OF DEATH.

11-001

E 63994

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1762 Evelyn Ave. ST., 8-17 WARD)

2-FULL NAME Jessie P. Hart

(a) RESIDENCE No. 1762 Evelyn Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
—	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Walter Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Bertha Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Bertha Hart
(Address) 1762 Evelyn Ave.

15 Filed 7-1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/31

17 I HEREBY CERTIFY, That I attended deceased from 1/4 1931 to 1/6 1931, that I last saw her alive on 1/6 1931, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Lesions of Bronchus (duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) John Bosley, M. D.

1/7 1931 (Address) 908 N Shaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedaway Lawn — DATE OF BURIAL 1/7/31

20 UNDERTAKER R. E. Williams — ADDRESS 1515 N. Eutaw

Spec.—9-30—A. & Co.—250 Bks.

8r Kennard 29/3 E Balto

E 63995

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 63995

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 E Balto St. 6-11 WARD)

2. FULL NAME Hilda A. Schmidt

(a) RESIDENCE No. 3030 E. Balto ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth 50 yrs. — mos. — ds.

Length of residence in city or town where death occurred 50 yrs. — mos — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph F. Schmidt

6. DATE OF BIRTH (month, day, and year) Feb 12th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

037

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12. MAIDEN NAME OF MOTHER Sarah Peters

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14. Informant Adolph F. Schmidt
(Address) 3030 E Baltimore St

15. Filed JAN 7 1931 19 G. HERBERT JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/1/28, 19..., to 1/5/31, 19...

That I last saw her alive on 1/4/31, 19...

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

*Myocardial Degeneration

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. T. Hanna M. D.

1/7/31 19 (Address) 2913 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Loch Lynn Cemetery — DATE OF BURIAL Jan 7th 1931

20. UNDERTAKER F. O. Wappel — ADDRESS 1550 W. Balto St.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 P—50L

E 63996

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 63996

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3141 Frederick Av ST., 10-70 WARD)

2-FULL NAME John F. Schnepfe

(a) RESIDENCE NO 3141 Frederick Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mat	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Schnepfe

6 DATE OF BIRTH (month, day, and year) June 22/65

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John H. Schnepfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna C Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Schnepfe

(Address) 3141 Frederick Av

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Chas. F. Brooke, M. D., Coroner

Jan 5, 1931 (Address) 1 Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 7 1931

20 UNDERTAKER C. B. Wright

ADDRESS 1851 W. Baltimore St

Filed Jan 7 1931, 192 C. MILTON JONES, M. D. Registrar

See instructions on back of certificates. TION is very important

Spec.—1-30—M. & T.—250 Bks

E 63997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63997

X 93-003

CERTIFICATE OF DEATH.

REGISTERED NO. 19725

1-PLACE OF DEATH Church Home Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. North Broadway ST. (WARD)

2-FULL NAME Mr Warren R. Garrett

(a) RESIDENCE NO. 414 N Franklin ST., WARD Hanover, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Cora Garrett

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weaver

(b) General nature of industry, business, or establishment in which employed (or employer) Silk Industry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Manchester, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Cora Garrett
(Address) Hanover Pa.

15 Filed JAN 7 1931 G. HAL... BALTIMORE, MD. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to Jan. 7, 1931, that I last saw him alive on Jan 7, 1931, and that death occurred, on the date stated above, at 6 35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) 2 yrs. 6 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-2-31

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) James L. Garey, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanover Penna.

DATE OF BURIAL June 1931

20 UNDERTAKER W. G. Feiss

ADDRESS Hanover Pa

...TION is very important. Be sure to write it

Spec.—9-30—A. & Co.—250 Bks.

E 63998 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 63998

CERTIFICATE OF DEATH.

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3563 Keswick Rd. (St.) 7-53 (Ward))

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William T. Gallion

(a) RESIDENCE No. 3563 Keswick Rd. ST. ..... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Gallion

6 DATE OF BIRTH (month, day, and year) Nov 29-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Not Known

14 Informant Margaret E. Gallion (Address) 3563 Keswick Rd.

15 Filed 7-1931, 19..... C. MANSON JONES ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 5, 1931, that I last saw him alive on Jan 5, 1931, and that death occurred, on the date stated above, at 11 05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Healy A. Cox M. D.

1/6, 1931 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 8 1931

20 UNDERTAKER E. B. Hark — ADDRESS 115 E. West St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 63999 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-003 E 63999

CERTIFICATE OF DEATH.

REGISTERED NO. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3722 Park Hgts. Ave. ST., WARD)

2-FULL NAME Max W Finkelstein

(a) RESIDENCE NO. 3722 Pk. Hgts. Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Finkelstein

6 DATE OF BIRTH (month, day, and year) — 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hebrew Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Finkelstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1439 E Baltimore St

15 Filed 1931 19 HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 6, 1931, that I last saw h. alive on Jan 6, 1931, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Endo-Myocarditis
& Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema of Lungs (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination Heart

(Signed) Joseph Epstein, M. D.

Jan 7, 1931 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1-7- 1931

20 UNDERTAKER Jacob Levin, 1439

ADDRESS E Balt St

1-30—M. & T.—100 B—50L

E 64000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 64000

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

24-33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 438 E. Clement St. ST., ... WARD)

2-FULL NAME Genevieve I. Eisel.

(a) RESIDENCE NO 438 E. Clement St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, ~~husband~~ (or) WIFE of Frederick E. Eisel.

6 DATE OF BIRTH (month, day, and year) June 11, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Clinton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Ann Curley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Frederick E. Eisel. (husband)
(Address) 438 E. Clement St.

15 Filed ....., 192 ..... C. HUNTER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hennardy, Coroner, M. D.

1/6/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Monday Jan 8 1931

20 UNDERTAKER F. A. Hedauer & son

ADDRESS 702 S.

TION is very important. See instructions on back of certificate.

E 64001

93-

E 64001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2207 Linden Ave. St. 13-59 Ward)

2-FULL NAME Henry A. Hamburger

(a) RESIDENCE NO. 2207 Linden Ave. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Pollock Hamburger

6 DATE OF BIRTH (month, day, and year) March 20, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	66	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Furniture
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Aaron Hamburger

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Pollock

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mr. S. Hamburger
(Address) Temple Garden Apts.

15 Filed ..... 1931 C. HAMPSON JOHNSON ..... Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Colonic
Disease of Heart
..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) ....., M. D.
(Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	1/8/ 1931
20 UNDERTAKER	ADDRESS
David Sondheimer & Son	1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

E 64002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64002

34-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 18-16 St. ..... Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles McCormick.

(a) RESIDENCE No. 1017 Bennett Place. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46? 48?	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor. 9°

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Carlyle McCormick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address) BALTIMORE CITY HOSPITALS

15 Filed 7-1931 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to Jan. 4, 1931, that I last saw him alive on Jan. 4, 1931, and that death occurred, on the date stated above, at 8:10 A.m.

The CAUSE OF DEATH* was as follows:

Syphilis of central Nervous System; General paresis (duration) 2½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Osteomyelitis, rt. tibia (duration) 2½ yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of 1-9-20

Was there an autopsy? No

What test confirmed diagnosis? Exam; laboratory.

(Signed) Paul Padget. M. D.

1-4, 1931 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudenslager Md

DATE OF BURIAL: 1-7 1931

20 UNDERTAKER: Dame & Earley

ADDRESS 916 Penna Ave

Check of certificates. See instructions on back of certificates. Form is very important. Bureau of Statistics, Department of Health.

Spec.—1-30—M. & T.—250 Bks.

E 64003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64003

CERTIFICATE OF DEATH.

149-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 661 George ST., 17-25 WARD)

2-FULL NAME Louisa Spriggs

(a) RESIDENCE NO. 661 George ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Clarence Spriggs

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE: Years 40; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Clarence Fields
(Address) 661 George St.

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Jan 4, 1931, that I last saw her alive on Jan 3, 1931, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease (duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Child Birth (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? H S McCard

(Signed) H S McCard M.D.

1/5, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-7 1931

20 UNDERTAKER Francis Carlon

ADDRESS 916 Pa Ave

Back of certificates. See instructions on back of certificates. Fill in every item. Write plainly.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64004

82-001 E 64004

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 2726 Edmondson Ave (WARD) 16-69

2-FULL NAME Selina M. Smith

(a) RESIDENCE NO 2726 Edmondson Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of D. Alex Smith

6 DATE OF BIRTH (month, day, and year) 1856-6-26

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER H. Marshall Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Mary Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank Price
(Address) 2726 Edmondson

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Smith, M. D. Coroner

Jan 6, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem | DATE OF BURIAL Jan 9 1931

20 UNDERTAKER Chas E. Franck | ADDRESS 802 Madison ave

HAMPTON JONES, Registrar

JAN 7 - 1931

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64005

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO. E 64005

1-PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md ST. 4-25 WARD)

2-FULL NAME Jennie Alston

(a) RESIDENCE No. 629 W. Fairmount Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 30? Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Record at City Hosp
(Address)

15 Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/31

17 I HEREBY CERTIFY, That I attended deceased from 6-4- 19 27, to 1-4- 19 31, that I last saw her alive on 1-3- 19 31, and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Schizophrenic reaction

Type (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Amy Fodrini M. D.

1/5, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health,
JAN 7 - 1931

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64006

46-004 E 64006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. #6 WARD)

2-FULL NAME Edward Carter

(a) RESIDENCE No. 123 South ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm hand

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Freedman Bros., Gay St.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Isabella Epps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-31

17 I HEREBY CERTIFY, That I attended deceased from 12-31-30, 19..., to 1-4-31, 19... that I last saw him alive on 1-4-31, 19... and that death occurred, on the date stated above, at 8:55 A. m.

The CAUSE OF DEATH* was as follows:

Anemia, cause unknown (probably carcinoma of stomach) (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

1-6, 1931. (Address) Balto. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: JAN 7 1931

20 UNDERTAKER: Commissioner Health.

ADDRESS

Form is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 64007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

W 64007

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 18-29 Ward)

2. FULL NAME Tenie Aaron

(a) RESIDENCE No. 1213 Hollins St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1-7-1931 19 H. Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from 5-23-24, 19..., to 1-3-31, 19... that I last saw her alive on 1-3-31, 19... and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix uteri.

(duration) 6½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart disease, arteriosclerotic unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

1-3, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS JAN 7 - 1931

Per Wm. H. WOODALL

Check of certificates. See instructions on back. Very important.

Spec.—1-30—M. & T.—250 Bks.

E 64008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64008

CERTIFICATE OF DEATH.

149-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. ..... ST. 12-49 ..... WARD)

2-FULL NAME Carlyle Boone Posey

(a) RESIDENCE NO. 104 University Parkway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of Married to Charles Roland Posey

6 DATE OF BIRTH (month, day, and year) Nov 2, 1905

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William K. Boone

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Ann G. Herbert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Howard County, Md.

14 Informant Dr. H. Warren Buckler
(Address) 806 Cathedral St. Balto

15 Filed 7-1-1931, 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Jan 5, 1931, that I last saw her alive on Jan 5, 1931, and that death occurred, on the date stated above, at 9 03 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Embolism

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Previous Pelvic following Child birth (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 2, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Rudolph F. Schork, M. D.

Jan 5, 1931 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Jan 8th 1931

20 UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS Mt. Pleasant & Richard Sts

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64009

46-002

E 64009

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Penitentiary Hospital ST. WARD)

2—FULL NAME John Murdock

(a) RESIDENCE NO. 308 S. East Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Flynn

6 DATE OF BIRTH (month, day, and year): Oct 26 1862

7 AGE: Years 68 | Months 2 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Shipbuilding

(c) Name of employer: Bethlehem Steel Co Baltimore

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James E. Murdock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hartford Co. Md.

12 MAIDEN NAME OF MOTHER: Winifred J. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary E. Jones
(Address) 7 N. Potomac St.

15 JAN 7 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1930 to January 7 1931 that I last saw 5 | m alive on January 7 1931 and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 2 mos. 23 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas Wm Edmunds M. D.

, 19 (Address) 746 Alameda Blvd

*State the Disease Causing Heath, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 1/8 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul

Spec.—1-10-21—M&T—1500 Bks.

E 64010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64010

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3200 Old York Road ST. ..... 9-44 WARD)

2-FULL NAME Mary A. Miles —

(a) RESIDENCE NO. 3200 old York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow —

5a If married, widowed, or divorced ~~[illegible]~~ ~~[illegible]~~ WIFE of George A. Miles

6 DATE OF BIRTH (month, day, and year) April 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ~~hrs~~ or ~~min.~~
	78 —	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. W. Marley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sarah J. Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Naomi V. Smoot

(Address) 602 Wyanoke Ave

15 Filed JAN 7 - 1931 19 C. HUMPHREY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 — 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 — 1930 to Jan 6 — 1931 —

that I last saw her alive on Jan 5 — 1931 —

and that death occurred, on the date stated above, at 11.50 A m. Jan 7/31

The CAUSE OF DEATH* was as follows:

General Debility a

Old age

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia —

(duration) — yrs — mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. Bachuille — M. D.

19 (Address) 2927 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 1/9 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64011

107-001

CERTIFICATE OF DEATH

E 64011

REGISTERED NO.

1—PLACE OF DEATH 40th + Keswick Rd -

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-52 WARD)

2—FULL NAME Mrs. Kate H. Oslander

(a) RESIDENCE NO. Home for Incurables ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. H. Oslander

6 DATE OF BIRTH (month, day, and year): Oct 4-1859

7 AGE: Years 71 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —— Oso

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Plattsburg, N. Y.

PARENTS

10 NAME OF FATHER: Laurance Trombly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Plattsburg, N. Y.

12 MAIDEN NAME OF MOTHER: Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Plattsburg N. Y

14 Informant: Hospital Records.

(Address) 40th + Keswick Rd.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1930, to Jan 6, 1931, that I last saw her alive on Jan 5, 1931 and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) L. Leutsch, M. D.

(Address) Rexton.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Plattsburg New York

DATE OF BURIAL: 1/7 1931

20 UNDERTAKER: William Cox

ADDRESS: 1217 St Paul

JAN 7 - 1931

(File) G. HAMPSON JONES, M. D., Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 64012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64012

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2438 Barclay St. 12-50 Ward)

2-FULL NAME Amanda L. W. Spencer

(a) RESIDENCE NO. 2438 Barclay St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas L. Spencer

6 DATE OF BIRTH (month, day, and year) Feb 12-1864

7 AGE: Years 66. Months 10 Days 24. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Thomas H. Fairbank

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) md

12 MAIDEN NAME OF MOTHER Amanda Jewell

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) md

14 Informant Wilmer Spencer
(Address) 2438 Barclay

15 Filed JAN 7 - 1931 19 C. HAMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colonic Diverticulitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) _____

(duration) .....yrs. .....mos. .....ds.

(Signed) Edw. Hermann C. M. D.
(Coroner)

1/7, 19 31 (Address) 2692 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michaels Md. Date of Burial Jan 10 1931

20 UNDERTAKER: William Cook ADDRESS 124 St Paul

Via W & A RR - Go. Wilmer Spencer.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

(Gwin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64013

82-001

E 64013

CERTIFICATE OF DEATH

REGISTERED NO. 13-32

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3746 Tudor Arms Ave. ST., 13 WARD)

2—FULL NAME Emma B. Gwyn

(a) RESIDENCE NO. 3746 Tudor Arms Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua C. Gwyn

6 DATE OF BIRTH (month, day, and year) Feb 1 1873

7 AGE: Years 58 Months 11 Days 5 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(r) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Samuel E. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Mary Ellen Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Joshua Gwyn
(Address) 3746 Tudor arms Ave.

15 Filed Jan 7, 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 - 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-14, 1930, to Jan 6, 1931, that I last saw her alive on Oct 14 -, 1930 and that death occurred, on the date stated above, at 11 0'clock P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis - Hypertension
Hemiplegia -
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) apoplexy sudden death
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical B. P. 200-100

(Signed) Henry F. Bongardt, M. D.
, 19 (Address) 201 W Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Jan. 9 1931

20 UNDERTAKER: Jos. J. Herr

ADDRESS: 156 h. Lafayette

Spec.—1-30—M. & T.—250 Bks.

E 64014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64014

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST., 12-50 WARD)

2-FULL NAME Baby Boy Jenkins.

(a) RESIDENCE NO. 3216 Guilford Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-4-31

7 AGE Years ..... Months ..... Days 2 If LESS than 1 day, ... hrs. or 30 min. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Glen L. Jenkins

11 BIRTHPLACE OF FATHER (city or town) Sparta
(State or country) Wisconsin

12 MAIDEN NAME OF MOTHER Selma Forberg

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Illinois

14 Informant Father
(Address) JOHNS

15 Filed 7-1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from 1-4, 19 31, to 1-6, 19 31, that I last saw him alive on 1-6, 19 31, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Michael L. Rosenfeld, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL City.

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

JOHNS HOPKINS HOSPITAL

Commissioner Health,

JAN 7 - 1931

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

163-008

E 64015

CERTIFICATE OF DEATH.

E 64015

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Franklin Square Hospital St.,_____ Ward 20-28

2-FULL NAME Olga M. Behlert

(a) RESIDENCE NO. 611 S. Pulaski St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20, 1897

7 AGE: Years 33 Months 5 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Phoenix Mfg. Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Rudolph Behlert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Knapp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. John A. Griffin

(Address) 611 S. Pulaski St.

C. HAMPSON JONES, M. D.

Registrar

Jan 19 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by taking Bichloride tablets (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Charles Moore M. D. (Coroner)

Jan 7 1931 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

Date of Burial Jan. 9 1931

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West Baltimore St.

very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64016

CERTIFICATE OF DEATH

173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Univ. ST. 8-17 WARD)

2-FULL NAME John Burns

(a) RESIDENCE No 1700 E Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret.

6 DATE OF BIRTH (month, day, and year) July 8-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	6	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police officer
(b) General nature of industry, business, or establishment in which employed (or employer) 061
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Bridie Stephens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Jessie Burns

(Address) 1700 E. Lanvale

15 Filed 7-1931 192 C. HAMPSON JONES W Registrar

Per H.C.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide, gunshot wound of chest and abdomen due to pistol shot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Orchard St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jas H. Redmond, M. D. Coroner

19 (Address) Bordier

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 1/10/31

20 UNDERTAKER John F. Moran

ADDRESS 3000 E Balto St.

FOLD IN THIRD. Keep this side of certificate. See instructions on back

1-30—M. & T.—100 B—50L

E 64017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64017

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 321 S. Poppleton ST. 21-29 WARD)

2-FULL NAME Andrew H. Birmingham

(a) RESIDENCE NO 321 S. Poppleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. C. Birmingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. M. Horsey
(Address) 1253 Washington Blvd.

15 Filed 7-1931 1931 C. HAMPSON JONES, M. D. Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zellers M. D. Coroner

1/7. 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Jan 9 1931

20 UNDERTAKER Bernard A. Finch

ADDRESS 784 Wash Blvd

Spec.—1-30—M. & T.—250 Bks.

E 64018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64018

CERTIFICATE OF DEATH.

15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 15-66 WARD

2-FULL NAME Mrs Laura Tittle

(a) RESIDENCE No. 2102 Mt Holly ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of George E. Tittle

6 DATE OF BIRTH (month, day, and year) Dec 6, 1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
82	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Hiram H. Abaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline V. Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Carrie V. Turlington
(Address) 2102 Mt. Holly St.

15 Filed 7 1931 19 HANSON JONES, M. D. RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-31

17 I HEREBY CERTIFY, That I attended deceased from 1-4-31, 19..., to 1-5, 19 31, that I last saw he alive on 1-5-31, 19..., and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:
Erysipelas (Left arm)

(duration) ....yrs. ....mos 2 ds.

CONTRIBUTORY (Secondary) (1) Chronic Nephritis (2) Septicemia (Erysipelas)
(duration) ....yrs. ....mos. 1½ ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Signs & Lab. Findings

(Signed) Wylie M. Fair, M. D.

1-5, 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy.

DATE OF BURIAL Jan. 8, 1931

20 UNDERTAKER John O. Mitchell & Son

ADDRESS 1900 Eutaw St.

Cd. Y. Eugene Zeller M.D. Co.

Spec.—1-30—M. & T.—250 Bks.

White 2800 St Paul St

E 64019 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64019

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 E Preston ST. 8-13 WARD)

2-FULL NAME William A Rosenberger

(a) RESIDENCE No. 1925 E Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna M Rosenberger

6 DATE OF BIRTH (month, day, and year) March 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Adam Rosenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant W J Rosenberger
(Address) 1925 E Preston St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Jany 7, 1931, that I last saw him alive on Jany 6, 1931, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter W Wilcox M. D.

1/7, 1931 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 1/10 1931

20 UNDERTAKER W M Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

Dr Seidel ✓ 2404 Eutaw Place

E 64020

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64020

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 E Lexington ST. 5-8 WARD)

2-FULL NAME John W. Johnson

(a) RESIDENCE NO. 1129 E Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of or) WIFE of Rose Johnson

6 DATE OF BIRTH (month, day, and year) Aug 15, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James M Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia Gates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Rose Johnson
(Address) 1129 E Lexington St

15 Filed ..... 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1931 to Jan - 7 - 1931, that I last saw him alive on Jan - 7 - 1931, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
unknown
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) none
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel M. D.

1/7, 1931 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Government

DATE OF BURIAL 1/9 1931

20 UNDERTAKER J M Cook

ADDRESS 1217 N Paul St

Spec.—9-30—A. & Co.—250 Bks.

E 64021 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64021

CERTIFICATE OF DEATH.

46-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals ST. 10-15 WARD

CITY OF BALTIMORE: (No. .....

2 FULL NAME Charles M. Tracey

(a) RESIDENCE NO. 1049 Front St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ....., 19.... C. HAMPSON JONES, Registrar By RKH

7-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-31

17 I HEREBY CERTIFY, That I attended deceased from 7-27-21, 19.., to 1-7-31, 19.. That I last saw him alive on 1-7-31, 19.. and that death occurred, on the date stated above, at 5:45 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia secondary (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

1-7, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Hampden

DATE OF BURIAL 1/8 1931

20 UNDERTAKER J. M. Cook ADDRESS 1217 Druid Pk

Spec.—9-30—A. & Co.—250 Bks.

E 64022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 D 64022

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1407-E. Biddle St 10-13 WARD)

2. FULL NAME Grace Colaianni

(a) RESIDENCE No 1407-E. Biddle St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmelo Colaianni

6 DATE OF BIRTH (month, day, and year) 9/8/1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Charles Falzone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Carmelo Colaianni
(Address) 1407-E Biddle St

15 JAN 7 1931, 19.. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1930, to Jan 5th, 1931, that I last saw her alive on Jan 5th, 1931, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Tankin M. D.

19 (Address) 1192 N Mellor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: 1/8/31

20 UNDERTAKER: George J. Roth Inc. — ADDRESS: 123 N Haven

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64023

E 64023

CERTIFICATE OF DEATH

97

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Herrington ST., 34 WARD)

2-FULL NAME Robt Green

(a) RESIDENCE No 209 Herrington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Green

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt	59-yrs	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Edward Scott

(Address) 506-W. Preston St

15 Filed ..... 192 G. HARRISON JONES M. D. Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Simplex

Arterio Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) G. C. G. Cadle, Coroner, M. D.

, 19 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL 1/9/31 19

20 UNDERTAKER George J. Pratt Inc

ADDRESS 1730 Harford

Spec.—1-30—M. & T.—250 Bks.

E 64024 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64024

CERTIFICATE OF DEATH. 174-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., Hoffman WARD)

2-FULL NAME Joseph Costa

(a) RESIDENCE No. 715 S. Milton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Carmelo (Rao)

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woman

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork

(c) Name of employer Italy

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Fortunato Costa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Santa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Fortunato Costa
(Address) 715 S. Conkling St.

15 Filed 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/31

17 I HEREBY CERTIFY, That I attended deceased from 1/6/31, 19..., to 1/7/31, 19...,
that I last saw h. alive on 1/7/31, 19...,
and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:
Cirrhosis of liver.

(duration) ....yrs. 6 mos ....ds.

CONTRIBUTORY (Secondary) Hemiplegia
(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? —

(Signed) Frank C. Marino, M. D.

Jan 7/31 19 (Address) 1117 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cemetery Baltimore

DATE OF BURIAL 1/8/31, 19

20 UNDERTAKER George J. Pritt Inc

ADDRESS 1731 Hoffman St

Spec.—1-30—M. & T.—250 Bks

E 64025

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64025

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 1724 WARD)

2-FULL NAME Robert White

(a) RESIDENCE NO. 580 St. Mary's st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie White

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 660

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Minus White

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Sarah J. Wilson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

No. 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1930, to Jan. 5, 1931, that I last saw him alive on Jan. 5, 1931, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ....yrs. 7 mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Penner, M. D.

1-5, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 1/8 1931

20 UNDERTAKER Samuel Dansley

ADDRESS 578 N Bond

1-30—M. & T.—100 B—50L

E 64026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-002

E 64026

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 17-21 WARD)

2-FULL NAME Annie Grinnell

(a) RESIDENCE NO 1328 Ettings ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Sandy Grinnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marue Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Herbert Grinnell
(Address) 1328 Etting St

15 Filed ..... 1931 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
Myoma Uterus

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Jan 5/31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) J. H. Paul, M. D. Coroner

Jan 7/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pet Peter Cem — DATE OF BURIAL 1/8 1931

20 UNDERTAKER Samuel Hensley — ADDRESS 578 N Eddaw

1-30—M. & T.—100 B—50L

E 64027

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 64027

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced at Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST. 3-5 ..... WARD)

2-FULL NAME Maryanna Radecka

(a) RESIDENCE No 854 S. Bond St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Radecka

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0 37
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Walter Segorek (cousin)
(Address) 842 S. Bond

15 Filed ..... 192 ..... C. Hampson Jones M. D. Registrar

8 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Alcoholism

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D. Coroner

Jan 7/31, 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary

DATE OF BURIAL 1/8 1931

UNDERTAKER William Fiaskowski

ADDRESS 1118 Eastern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64028

CERTIFICATE OF DEATH.

82-001

E 64028

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

28-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Wentworth Ave. ST., ... WARD)

2-FULL NAME Jane Elizabeth Zimmerman

(a) RESIDENCE No. 4403 Wentworth Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Zimmerman

6 DATE OF BIRTH (month, day, and year) May 1-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	7 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) –

(c) Name of employer –

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William L. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Francis Ann Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Fannie Brown (sister)
(Address) same

15 Filed JAN 9 - 1931 19 G. HAMILTON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 7, 1931, that I last saw her alive on Jan 6, 1931, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage
(mental derangement 6 years)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? no Date of –

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Thomas H. Nichols, M. D.

(Address) 904 W. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Jan 9 1931

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W. North Ave

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64029

CERTIFICATE OF DEATH

E 64029

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Myrtle ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Carroll

(a) RESIDENCE NO. 1826 Myrtle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Carroll

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Carroll
(Address) 9 N. Bond St.

15 Filed ..., 19..., ..., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 6, 1931, that I last saw h... alive on Jan 6, 1931 and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemiplegia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) H. Fowler, M. D.

Jan 7, 1931 (Address) 7125 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cemetery

DATE OF BURIAL Jan 9 1931

ADDRESS 1681 Orleans st

20 UNDERTAKER Edward Bryan

Spec.—1-30—M. & T.—250 Bks

64030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64030

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 6-4

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Major Baker

(a) RESIDENCE NO. 531 Bond st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Buffalo
(State or country) New York

PARENTS

10 NAME OF FATHER Willie Baker

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) New York

12 MAIDEN NAME OF MOTHER Lottie ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ohio

14 Informant Hospital Records
(Address) [illegible]

15 Filed JAN 8 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1930, to Jan. 4, 1931, that I last saw him alive on Jan. 4, 1931, and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Penner, M. D.

1-5, 1931 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 1-8 1931

20 UNDERTAKER Edw. Bryant

ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64031

CERTIFICATE OF DEATH

23 ✓ McGarrell

E 64031

REGISTERED NO. 7637

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3503 E. Pratt ST., 26 WARD)

2—FULL NAME James T. Barrett

(a) RESIDENCE NO. 3503 E. Pratt ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? —yrs. —mos. —ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Barrett

6 DATE OF BIRTH (month, day, and year) June 8th 1878

7 AGE: Years 52 Months 6 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman at

(b) General nature of industry, business, or establishment in which employed (or employer): Island Cyft. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: James W. Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash. D. C.

12 MAIDEN NAME OF MOTHER: Eliz. Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wash. D. C.

14 Informant: Mary A. Barrett (Wife)
(Address) 3503 E. Pratt St

15 Filed: G. Hudson Jones Registrar

N 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/7, 1920, to 1/6, 1931, that I last saw him alive on 1/5/31, 1931 and that death occurred, on the date stated above, at 5 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) yrs. 25 mos. ds.

CONTRIBUTORY (Secondary) Intoxication (duration) yrs. 25 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. McGarrell, M. D.

1/8/31 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Jan. 8th 1931

20 UNDERTAKER: Lilly + Zeiler Inc.

ADDRESS: 403 S. Wolfe St

1-30—M. & T.—100 B—50L

E 64032

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64032

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 869 W. Fairmount Ave. ST. 18th WARD)

2-FULL NAME George Moody

(a) RESIDENCE No 869 W. Fairmount Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Moody

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bettie Moody
(Address) 869 W. Fairmount Ave

15 Filed ..... 19..... C. HAMPSON JONES Registrar
JAN 8 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D. Coroner

6/7, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL June 7 1931

20 UNDERTAKER Lucretia A. Gaddis

ADDRESS 184 McCulloh St.

Spec.—9-30—A. & Co.—250 Bks.

E 64033

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 64033

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Highfield Rd ST. 17-44 WARD)

2. FULL NAME William Henry Schad

(a) RESIDENCE No. 4 W Highfield Rd ST.. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Lillie Schad

6 DATE OF BIRTH (month, day, and year) Oct 17 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk
(c) Name of employer Md Title Guarantee Co Baltimore

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Schad
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frances L. Schad
(Address) 4 W Highfield Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 6, 1931
that I last saw him alive on Jan 6, 1931
and that death occurred, on the date stated above, at 10 AM m.

The CAUSE OF DEATH* was as follows:

Influenza
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of
Was there an autopsy? ✓
What test confirmed diagnosis? ✓

(Signed) Robert L. Cuthbert M. D.
1/7, 1931 (Address) 7117 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loyola Park
DATE OF BURIAL Jan 9 1931
ADDRESS Northern

20 UNDERTAKER M. Richardson

8 1931

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64034

92-001 E 64034

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 East Pratt St. St., 1-2 WARD)

2-FULL NAME Peter Thirion

(a) RESIDENCE NO. 3004 East Pratt St. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Johanna Thirion

6 DATE OF BIRTH (month, day, and year) January 29, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	76	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Thirion

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant William A. Freburger
(Address) 3004 E. Pratt St.

15 Filed 8-1931 16 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from December 15th 29, to January 7, 1931, that I last saw him alive on January 7, 1931, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Cookelucas M. D.

1/8, 1931 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan. 10 19

20 UNDERTAKER Joseph B. Cox

ADDRESS 1003 W. Balto St.

Spec.—1-30—M. & T.—250 Bks.

E 64035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64035

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Rutland Ave ST., 7-13 WARD)

2-FULL NAME James T. McCamick

(a) RESIDENCE No. 820 Rutland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mildred E. McCamick

6 DATE OF BIRTH (month, day, and year) Aug 2 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer GW

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Judwick McCamick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mildred E. McCamick
(Address) 820 Rutland Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 5, 1931, that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 8 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. F. Upshur, M. D.

1/6, 1931 (Address) 1424 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL Jan 8, 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1425 Eutaw St

C. 1021

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64036 106 E 64036

CERTIFICATE OF DEATH.

11-25

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Park Ave ST. ..... WARD)

2-FULL NAME Mary E. Keleher

(a) RESIDENCE NO. ~~616 E. Park Ave~~ 616 Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Lady 067

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Hub.

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Cornelius Keleher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. Reardon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mr Michael McCarthy
(Address)

15 Filed JAN 8 - 1931 C. KAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1930, to 1-6, 1931, that I last saw her alive on 1-5, 1931, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Gorsuch, M. D.

1-7, 1931 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Jan. 9- 1931

UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Eutaw St

Spec.—1-30—M. & T.—250 Bks.

E 64037

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

E 64037

1-PLACE OF DEATH South Baltimore General Hospital

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. _____ ST. _____ WARD _____)

2-FULL NAME Harry N Welsh

(a) RESIDENCE NO. 119 E. Hamburg ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Maggie Welsh

6 DATE OF BIRTH (month, day, and year) Feb. 5. 1882

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
48	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schmeffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Maggie Welsh
(Address) 119 E. Hamburg St.

15 Filed JAN 9 - 1931 [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1931, to Jan 6, 1931, that I last saw him alive on Jan 6, 1931, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) _____ yrs. _____ mos. 13 ds.

CONTRIBUTORY (Secondary) Uremia and cerebral hemorrhage (duration) _____ yrs. _____ mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory records

(Signed) Joseph G. Laukaitis, M. D.

19 (Address) South Baltimore Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Jan. 9 1931

20 UNDERTAKER	ADDRESS
Margaret G. Flynn	[illegible]

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64038

131 E 64038

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 W. Mosher ST. 16-68 WARD)

2-FULL NAME Anna Catherine Dellenbuger

(a) RESIDENCE NO. 2510 W. Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 0 mos. 25 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Henry Dellenbuger

6 DATE OF BIRTH (month, day, and year) Dec 12 1849

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Andrew Herbst

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Anna Schneider

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Fred R. Lawrence
(Address) 2510 W. Mosher Street

15 Filed N 8 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1927, to Jan 6, 1931, that I last saw he alive on Jan 6, 1931 and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis (duration) 3 yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, General Arterio Sclerosis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) John A. Graham, M. D.

1/7 1931 (Address) 1219 Cathedral Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/9 1931

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson

Spec.—9-30—A. & Co.—250 Bks.

California Bailey

E 64039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64039

92-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Clarkson St. ST. 23-32 WARD

2. FULL NAME California Bailey.

(a) RESIDENCE No. 1536 Clarkson St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 70 yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter T. Bailey.

6 DATE OF BIRTH (month, day, and year) March 1851.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79.	10.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. G.D.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Robert E. Nunally.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Estella Nunally.
(Address) 1536 Clarkson St

15 Filed ..... 1931, 19..... Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to Jan. 6, 1931, that I last saw HER alive on Jan. 6, 1931, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. K. Campbell M. D.

1/7, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Jan 9 1931

20 UNDERTAKER C. Edward Evans ADDRESS 38 E Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 64040

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 64040

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Exeter ST., 5-8 WARD)

2—FULL NAME Domenico Scuto

(a) RESIDENCE NO. 419 N. Exeter ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Scuto

7 DATE OF BIRTH (month, day, and year)

8 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Antonino Scuto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antonina Fiava

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Concetta Gagpi
(Address) 419 N. Exeter St

15 Filed ..... 19 ..... SAMUEL JONES Registrar

No 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Jan 7, 1931, that I last saw him alive on Jan 7, 1931 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease,

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

Jan 7, 1931 (Signed) Luigi V. Di Stefano, M. D.
(Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 9, 1931

20 UNDERTAKER Frank V. Pelsitone

ADDRESS 2818 E. Balto st

Spec.—1-30—M. & T.—250 Bks.

E 64041

HEALTH DEPARTMENT—CITY OF BALTIMORE

V-001

E 64041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Cherrene St., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Thomas F Killemayer

(a) RESIDENCE NO. 902 N Castle WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5s If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Sophia Killmayer

6 DATE OF BIRTH (month, day, and year) July 6 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor for

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John A. Killmayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mamie M Dennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Sophia Killmayer

(Address) 902 N Castle St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-31

17 I HEREBY CERTIFY, That I attended deceased from 12-30-31, 19....., to 1-7-31, 19.....,

that I last saw h. alive on 1-7-31, 19.....,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphatic

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Case

(Signed) M B Rhinehart M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan. 10 1931

UNDERTAKER Henry Hoch & Sons Inc.

ADDRESS 1301 E Eager St

N. B. 1931 G. HUMPDEN JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73 E 64042

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Chapel St. 713 WARD)

2 FULL NAME James Marsulek

(a) RESIDENCE NO. 928 N. Chapel ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	9	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Book Binder
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS
10 NAME OF FATHER Joseph Marsulek
11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia
12 MAIDEN NAME OF MOTHER Mary Vorel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Joseph Marsulek
(Address) 928 N. Chapel St.

15 Filed ....., 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/31

17 I HEREBY CERTIFY, That I attended deceased from January 25, 1930, to January 8, 1931
that I last saw him alive on January 8, 1931
and that death occurred, on the date stated above, at 6 00 A.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Tuberculosis

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Hand Tenner M. D.

1/8/31 19 (Address) 321 S. Cornwall St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulcher — DATE OF BURIAL Jan 12 1931

20 UNDERTAKER Frank Brockson 1906 Eastland Av — ADDRESS

Spec.—9-20—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64043

CERTIFICATE OF DEATH.

E 64043

6-10 | 108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Luzerne St. 6-10 Ward)

2 FULL NAME Mary Ludwig

(a) RESIDENCE No. 437 N. Luzerne Ave St. ..... WARD .....
(Usual place of abode) (If non resident give city or town and State)

length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ludwig

6 DATE OF BIRTH (month, day, and year) Jan 4/56.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Kafralek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant James Senda
(Address) 437 N. Luzerne

15 Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 7, 1931 that I last saw her alive on Jan 7, 1931 and that death occurred, on the date stated above, at 2.40 P.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Lab. Findings

(Signed) Fred J. Zapke M.D.

(Address) 1101 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer | DATE OF BURIAL Jan. 10 1931

20 UNDERTAKER Frank Grock Sen 1906 Edmondson | ADDRESS .....

Spec.—1-30—M. & T.—250 Bks

E 64044

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-002

CERTIFICATE OF DEATH.

REGISTERED NO. E 64044

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals (C.B. 8-16)

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Henry Schultz (Schutz)

(a) RESIDENCE NO. 2425 Llewellyn ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cloth cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Schutz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Sauer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1931, to Jan. 7, 1931, that I last saw him alive on Jan. 7, 1931, and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Syphilitic meningitis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seuner, M. D.

1-7, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem

DATE OF BURIAL Jan 10 1931

20 UNDERTAKER John Wenck

ADDRESS 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 64045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 64045

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2713 Kirk Ave ST., 4-46 WARD)

2-FULL NAME Evelyn Ida Goldschmidt

(a) RESIDENCE NO. 2713 Kirk Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24, 1906

7 AGE: Years 24 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John H. Goldschmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: F. E. Unverzagt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: John H Goldschmidt
(Address) 2713 Kirk Ave.

15 Filed ..... 19 ..... C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to January 8, 1931, that I last saw he alive on January 8, 1931, and that death occurred, on the date stated above, at 7.45 PM m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 7 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas Wm Eckersdorf, M. D.

, 19 (Address) 7746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Jan 10 1931

20 UNDERTAKER: John Ulrich

ADDRESS: 200 E Lexington

C - 1931

Spec.—1-30—M. & T.—250 Bks

E 64046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64046

CERTIFICATE OF DEATH.

71-29 75

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 James ST., ... WARD)

2-FULL NAME Walter G. Engelhardt

(a) RESIDENCE No. 1209 James ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Katherine Engelhardt

6 DATE OF BIRTH (month, day, and year) May 31st 1893

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	7	7	6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer Hood Tire Co. Balto.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry G. Engelhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Bothoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma Engelhardt
(Address)

15 Filed ....., 19 .... NKB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-5- 1931, to 1-7- 1931, that I last saw h alive on 1-7- 1931, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) ..... yrs. ..... mos. 0 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Clifford Dawn M.D.

1/7/31 (Address) 2127 Druid Hill Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 9 1931
20 UNDERTAKER	ADDRESS
Frank Lassahn & Son	7401 Belair Road

Spec.—1-30—M. & T.—250 Bks

E 64047 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64047

108

CERTIFICATE OF DEATH.

8-40

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Cliftmont Ave. ST., ... WARD)

2-FULL NAME EMILY E. SCARBOROUGH

(a) RESIDENCE No. 3206 Cliftmont Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John O. Scarborough, Sr.

6 DATE OF BIRTH (month, day, and year) May 4th, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER James R. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Susan J. Beeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant John O. Scarborough, Sr.
(Address) 3206 Cliftmont Ave.

15 Filed ....., 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1931, to Jan 7th, 1931, that I last saw her alive on Jan 6th, 1931, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 2 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Sym. - Symptoms

(Signed) Edwin H. Benson, M. D.

1/8, 1931 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan. 9, 1931

20 UNDERTAKER F. Lassahn & Son

ADDRESS 7401 Belair Rd.

Spec.—1-30—M. & T.—250 Bks

E 64048 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64048

CERTIFICATE OF DEATH.

108

REGISTERED NO. 13-53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Colbert

(a) RESIDENCE No. 1202 W 40th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Katherine A Colbert

6 DATE OF BIRTH (month, day, and year) Jan 30 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Colbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Kate Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records.

(Address)

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-31

17 I HEREBY CERTIFY, That I attended deceased from 1-2, 1931, to 1-7, 1931, that I last saw him alive on 1-7, 1931, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko M. D.

1/7, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan 10 1931

20 UNDERTAKER F. Lassahn & Son

ADDRESS 1401 Belair Rd

Spec.—1-30—M. & T.—250 Bks.

E 64049 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64049

106-001

CERTIFICATE OF DEATH.

14-20

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1800 Bolton ST. (WARD)

2-FULL NAME Margaret Elizabeth Maund

(a) RESIDENCE NO. 1800 Bolton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 94 yrs. 11 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 13 1836

7 AGE Years 94 Months 11 Days 13 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Alexandria
(State or country) Virginia

PARENTS

10 NAME OF FATHER Thos. M. Maund

11 BIRTHPLACE OF FATHER (city or town) Alexandria
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Rutta Waesche

13 BIRTHPLACE OF MOTHER (city or town) Bucks
(State or country) Maryland

14 Informant Mrs Margaret B Waesche (cousin)
(Address) 1800 Bolton St

15 Filed JAN 1 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to Jan 7th, 1931, that I last saw her alive on Jan 6th, 1931, and that death occurred, on the date stated above, at 12:50 a.m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) ....yrs. ....mos. 29 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Flora Pallack M. D.

, 19 (Address) 1112 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Jan 9, 1931

20 UNDERTAKER Stewart & Conner ADDRESS Balto

Spec.—9-30—A. & Co.—250 Bks.

E 64050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64050

82-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1959 W Franklin ST. 00-27 WARD)

2. FULL NAME Anna E Waters

(a) RESIDENCE No. 1959 W Franklin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E Waters

6 DATE OF BIRTH (month, day, and year) Jan 20 1858

7 AGE Years 72 Months 11 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Caleb Seitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Ziegler

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Maryland

14 Informant Laura V Mahnachan
(Address) 1959 W Franklin

15 Filed ....., 19 ..... Registrar

DAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1927, to 1/6, 1931 that I last saw h alive on 1/5, 1931 and that death occurred, on the date stated above, at 2 35 a m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

7 Weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 3 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical 1/2/31

(Signed) Henry L Cole M. D.

. 19 (Address) 1203 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL 1/9 31

20 UNDERTAKER Inger & Farley Fulton — ADDRESS Fayette

Spec.—1-30—M. & T.—250 Bks.

E743882
E64051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 119 E 64051

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

2-FULL NAME Anne Whaley

(a) RESIDENCE No. Carmichael Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-14-1930

7 AGE Years | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Whaley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachael Mandrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1931, 19 ..... C. MANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-8-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Jan 8, 1931, that I last saw her alive on Jan 8, 1931, and that death occurred, on the date stated above, at 4 35 Am.

The CAUSE OF DEATH* was as follows:

Pyelitis

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Enteritis

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Findings

(Signed) [illegible], M. D.

1/8, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centerville Md.

DATE OF BURIAL 1-9th 1931

20 UNDERTAKER E & B Harle 115 E

ADDRESS West St

1-30—M. & T.—109 B—50L

E 64052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 64052

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST. 70-70 WARD)

2-FULL NAME Grace Newman

(a) RESIDENCE NO. 520 Hurley's Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Newman

6 DATE OF BIRTH (month, day, and year) Aug 29 - 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Augustus North

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Chatfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Robt. H. Newman
(Address) 520 Hurley's Lane

15 Filed 1931 .192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide Shot by William S. Haddock

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. H. Crowle Coroner M. D.

1/8, 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Maryland

DATE OF BURIAL Jan 10 1931

20 UNDERTAKER Harry R. Armacost & Son

ADDRESS 4204 Hudson Road

Spec.—9-30—A. & Co.—250 Bks.

E 64053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64053

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St. 8-17 Ward)

2-FULL NAME Baby White

(a) RESIDENCE No. 1701 E. N. Spring St., Ward ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 4/31.

7 AGE: Years ..... Months — 11 Days — If LESS than 1 day, 7 hrs. or 49 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — , — Ind
(b) General nature of industry, business, or establishment in which employed (or employer) — , —
(c) Name of employer — , —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Murchie White

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lily M. Riddick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/31.

17 I HEREBY CERTIFY. That I attended deceased from 1-4-, 1931, to 1-5-, 1931. that I last saw him alive on 1-5-, 1931. and that death occurred, on the date stated above, at 6³⁰ a m.

The CAUSE OF DEATH* was as follows:

Prematurity (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Caesarean section on Mother.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) E. N. Harrison M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER Commissioner Health.

Per Wm. K. Woodall

JAN 8 1931

C. HARRISON JONES, M. D. Registrar

8 1931

RCF

Dr Wm 1216 N Calvert St

Spec.—1-30—M. & T.—250 Bks.

E 64054

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64054

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Sarah L. Wilhelm

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~or) WIFE of~~ Minny Wilhelm

6 DATE OF BIRTH (month, day, and year) 18 August 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Little Sisters of the Poor
(Address) Preston & Valley Sts

Filed 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 7, 1931, that I last saw h.e alive on Jan 7, 1931, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage 2

(duration) ....yrs. ....mos 2 ds.

CONTRIBUTORY (Secondary) .....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. Raymond Watt M. D.

1/8, 1931 (Address) 1216 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/10/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-12-23—M&T—500 Bks.

E 64055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64055

CERTIFICATE OF DEATH.

93-E 64055

28-66

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Rokeby Road ST. ..... WARD)

2-FULL NAME Anna Pitzer

(a) RESIDENCE No. 4403 Rokeby Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Anthony J. Pitzer

6 DATE OF BIRTH (month, day, and year) Dec 6th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER John Gilland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ill.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hale Pitzer
(Address) 4403 Rokeby Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 19 31

17 I HEREBY CERTIFY, That I attended deceased from November 20, 19 30, to January 7, 19 31, that I last saw her alive on January 7, 19 31, and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows: auricular fibrillation, arteriosclerotic. General debilitiss of age. a number (duration) of yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) bilateral cataracts (7 yrs) (duration) ..... yrs. ..... mos. ..... ds.

Gastrenteritis, cystitis (1 yr)

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical + laboratory methods.

(Signed) Frank R. Smith, Jr., M. D.

, 19 (Address) 927 N Calvert Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cherryvale, Kansas (Cemetery)

DATE OF BURIAL 1/9 1931

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

3-1931 C. HARRISON JONES, M.

AKW

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64056

159 E 64056

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1230 Wall ST., 24-33 WARD)

2-FULL NAME Norman A. Dorsey

(a) RESIDENCE NO. 1230 Wall ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 7, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 10 hrs or .... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Norman V. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lucy C. Hays

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Norman V. Dorsey
(Address) 1230 Wall St.

15 Filed 1/8 1931 G. MAYNARD JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931, to Jan. 7, 1931, that I last saw him alive on Jan. 7, 1931, and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(in utero 7 months)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. H. Campbell M. D.

1/8, 1931 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL Jan 9 1931

20 UNDERTAKER Fred A. Wannemann

ADDRESS 703 Pa.

C-1931

Spec.—9-30—A. & Co.—250 Bkg.

64057

HEALTH DEPARTMENT—CITY OF BALTIMORE

64057

93-003

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Castel St. ST. 2-4 WARD)

2. FULL NAME Weronika Barry

(a) RESIDENCE No. 224 S. Castel St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Barry

6 DATE OF BIRTH (month, day, and year) June 12 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Juras

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Tekla Harney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Peter Barry
(Address) 224 S. Castel St.

Filed Jan 8 1931, 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, to Jan 7, 1931, 19

that I last saw her alive on Jan 7/31, 19 4:15 p.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation
Myocardial Insufficiency

(duration) yrs. 13 mos. ..... ds.

CONTRIBUTORY (Secondary) Ascites + Hydrothorax

(duration) yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory + Clinical Exam.

(Signed) A. F. Lis M. D.

Jan 8, 1931 (Address) 24 S Bury

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Jan 10 1931

20 UNDERTAKER John McVeigh ADDRESS 401 S. Center

Spec.—8-16-29—L. F. S.—100 Bks.

E 64058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64058

23

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 50 S Stockton ST., 18 WARD)

2—FULL NAME Jas. Moore

(a) RESIDENCE NO. 50 S. Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Nov 25th 1878

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sophia Moore
(Address) 50 S Stockton

15 Filed 9-1931 Hunter Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 00, 19..., to Jan 6, 1931, that I last saw h.....alive on Jan 6, 1931 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmo Edema (duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? F Hoogwood

(Signed) Jan 7/31, 19 (Address) 939 N Fayette, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Jan. 9th 1931

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor

Spec.—1-30—M. & T.—250 Bks.

E 64059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64059

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

REGISTERED No. 17724

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St., Ho. (Ward))

2-FULL NAME Alexander Boisseau

(a) RESIDENCE No. 601 W. Lafayette St., Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Marie Brisco

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 44 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Marie Briscoe

(Address) 601 W Lafayette ave

15 Filed JAN 9 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-7-35

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1935, to Jan. 7, 1935, that I last saw him alive on Jan. 7, 1935, and that death occurred, on the date stated above, at 10:15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Thursby, M. D.

, 19 (Address) 26 Mt Hope Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1-9-1935

20 UNDERTAKER: Daniel Carton

ADDRESS 916 Pa ave

1-30—M. & T.—100 B—50L

E 64060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64060

CERTIFICATE OF DEATH

REGISTERED NO. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: 504 Block Orchard ST. 17-24 (WARD)

2-FULL NAME Nellie Smith

(a) RESIDENCE NO. 582 St Mary ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mollie Jones
(Address) 582 St Mary

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide. Due to probable wound of left kidney & bowel

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Temporary Insane
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Orchard St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Schulz, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 11/9/34

20 UNDERTAKER Harold Foster — ADDRESS 916 Penna Ave

Spec.—9-30—A. & Co.—250 Bks.

E 64061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 64061

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 617 N Eden St ST 5-9 WARD)

2-FULL NAME Emmanuel Mitchell

(a) RESIDENCE No. 617 N Eden St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Mitchell

6 DATE OF BIRTH (month, day, and year): 3 1873

7 AGE: Years 55 (56) | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: 040

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Major Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Margaret Cooper,
(Address) 936 Argyle St.

15 Filed ..... G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 8, 1931 that I last saw him alive on Jan 8, 1931 and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examinations

(Signed) Calvin B. LeCompte M. D.

19 (Address) 1113 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery Jan 10 1931

20 UNDERTAKER: Chas. H. Johnson ADDRESS 446 N. Carolina St.

Spec.—9-30—A. & Co.—250 Bks.

E 64062 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64062

CERTIFICATE OF DEATH.

92-001

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 5-8 WARD)

2. FULL NAME David McArthur

(a) RESIDENCE No. 214 N. Colvin ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 8, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Willis McArthur

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 1-9 19 31 Harry S. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from 1-2-31, 19..., to 1-6-31, 19... that I last saw him alive on 1-6-31, 19... and that death occurred, on the date stated above, at 8.25 A.m.

The CAUSE OF DEATH* was as follows:

Endocarditis, chronic

(duration) yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, acute

(duration) yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padgett M. D.

1-8, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery | DATE OF BURIAL 1-9 1931

20 UNDERTAKER Chas. H. Chase | ADDRESS 446 N. Carolina Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 64063

E 64063

REGISTERED NO.

1—PLACE OF DEATH Home for Incurables.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-53 ST., WARD)

2—FULL NAME Virginia Clark (Miss)

(a) RESIDENCE NO. Home for Incurables 40 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30 - 1854

7 AGE 76	Years 77	Months 1	Days 4	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

10 NAME OF FATHER John Duncan Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md.

12 MAIDEN NAME OF MOTHER Laletta Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ May 1, 1931, to Jan 7, 1931, that I last saw h[illegible] alive on Jan 7, 1931, and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Impacted bowel

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount

DATE OF BURIAL Jan. 10 1931

20 UNDERTAKER Wm Huckenstein Son

ADDRESS N. Pa

Spec.—1-30—M. & T.—250 Bks

E 64064 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 64064

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 York Road ST., 27-48 WARD)

2-FULL NAME Laura G. Hazlewentter

(a) RESIDENCE NO. 5221 York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John W. Harvey Cutter

6 DATE OF BIRTH (month, day, and year) Dec 2 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Co

(c) Name of employer None

9 BIRTHPLACE (city or town) Belleview
(State or country) Md

PARENTS

10 NAME OF FATHER Chas Griffith

11 BIRTHPLACE OF FATHER (city or town) Howard Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary J. Haslup

13 BIRTHPLACE OF MOTHER (city or town) Hoyes Co
(State or country) Md

14 Informant Edgar Griffith
(Address) 5221 York Road

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6-1931

17 I HEREBY CERTIFY, That I attended deceased from for Years, 19..... to Jan 6, 1931, that I last saw he alive on Jan 6, 1931, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endocarditis

(duration) Years mos da.

CONTRIBUTORY (Secondary) R. Rheumatic Arthritis

(duration) Several Years mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 9 1931

20 UNDERTAKER H. Poisal Sons

ADDRESS North Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64065 93-003 E 64065

CERTIFICATE OF DEATH.

REGISTERED NO. 3-54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Parkwood Ave ST. ..... WARD)

2. FULL NAME John Frederick Kuster

(a) RESIDENCE NO. 2720 Parkwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Widower

5a If married, widowed, or divorced ~~HUSBAND OF or WIFE OF~~ Laura F. Kuster

6 DATE OF BIRTH (month, day, and year) Feby. 26, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William F. Kuster
(Address) 2720 Parkwood Ave.

15 Filed 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jany 7, 1931 that I last saw him alive on Jany 7, 1931 and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. — mos. Mt ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Mt yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Hilliard F. Steelman M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 10 1931

20 UNDERTAKER Wm. J. Tickner & Sons

ADDRESS N. Pa. Ave.

1-30—M. & T.—100 B—50L

E 64066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 64066

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Dead on arrival

CITY OF BALTIMORE: (NO. Hopkins Hospital ST. 1/4/29 (WARD)

2-FULL NAME Joseph Wilborne

(a) RESIDENCE NO 556 Roberts ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3/1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Wilborne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Viola Nickins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Albert Larkins
(Address) 556 Roberts St

15 Filed 9-1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia?

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bilateral Otitis Media
(duration) ..... yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Hosp. Report

(Signed) [signature], M. D. Coroner

Jan 8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Jan 9 1931

20 UNDERTAKER Lottie Gross

ADDRESS 1408 Ashland Ave

1-30—M. & T.—100 B—50L

64067

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

REGISTERED NO. E 64067

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1714 Druid Hill St. 14-20 WARD

2-FULL NAME Susie Ongue.

(a) RESIDENCE No. 1714 Druid Hill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmle

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of nulman

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Peacock Md.

PARENTS

10 NAME OF FATHER Henry Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

14 Informant Raymond Young

(Address) 610 Madison

15

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jan 6 1931 J. M. Blake, M. D. Coroner

(Address) Bordin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Working Men's Memorial Frederick Md

DATE OF BURIAL 1/10 1931

20 UNDERTAKER Samuel Hemsley

ADDRESS 578 McCulloh

S - 1931

1-30—M. & T.—100 B—50L

E 64068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64068

CERTIFICATE OF DEATH

120-001

REGISTERED NO. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Division ST. 14-59 WARD)

2-FULL NAME Alice Richards.

(a) RESIDENCE No. 2136 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmale

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of No

6 DATE OF BIRTH (month, day, and year) 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	4			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Wright Richards

11 BIRTHPLACE OF FATHER (city or town) Ga.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Etcora

13 BIRTHPLACE OF MOTHER (city or town) Ga.
(State or country)

14 Informant Robt Rice
(Address) 1107 Druid Hill Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible], M. D. Coroner

Jan 19 31 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-9 1931

ADDRESS 716 Pa ave.

20 UNDERTAKER Daniel Easton

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64069

45-006 E 64069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 15-21 WARD)

2-FULL NAME Daniel Stewart

(a) RESIDENCE NO. 622 Gold ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1878?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Organist

(b) General nature of industry, business, or establishment in which employed (or employer) churches 086

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alexander Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-31

17 I HEREBY CERTIFY, That I attended deceased from 11-11-30, 19..., to 1-6-31, 19..., that I last saw him alive on 1-6-31, 19..., and that death occurred, on the date stated above, at 6:10 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of pharynx with local metastasis

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Nov. 1930

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fred M. Rockwell, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pat. Cathedral Cem	1-9 19 31
20 UNDERTAKER Samuel Hensley	ADDRESS McCaddle

No. 1931 Hayden Jones, M.D.

Spec.—9-30—A. & Co.—250 Bks.

E 64070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64070

231

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 912 Bennett Place ST. 18 WARD)

2. FULL NAME Edward D. Nelson

(a) RESIDENCE NO. 912 Bennett Place ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Nelson

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE 39 Years 38 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Op

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Briggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Roberta Nelson
(Address) 916 Bennett Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Jan 6, 1931 that I last saw h. alive on Jan 6, 1931 and that death occurred, on the date stated above, at 5-25 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) E. William Frey M. D.

19 31 (Address) 1938 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL 1/9 19 31

ADDRESS 1938

20 UNDERTAKER Samuel Hensley & Sadie

Spec.—9-30—A. & Co.—250 Bks

E 64071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64071

CERTIFICATE OF DEATH.

REGISTERED NO. 92-002 / 253

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Charles Hos + Wyndhurst ST. (WARD)

2. FULL NAME Ella D Snowden

(a) RESIDENCE NO. Charles St Ave + Wyndhurst Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. Single, Married, Widowed, or Divorced, (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Snowden

6. DATE OF BIRTH (month, day, and year) 1868

7. AGE 63 Years 62 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041
(c) Name of employer Robert Garrett

9. BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS
10. NAME OF FATHER Nelson Lewis
11. BIRTHPLACE OF FATHER (city or town) (State or country) Va
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. Informant Benjamin Snowden
Address Charles Hos + Wyndhurst Ave

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan - 6 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug - 1 1930, to Jan - 6 1931 that I last saw her alive on Jan - 6 1931 - and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis, and Myocarditis, Cardiac Decompensation
(Duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY General Arterio-Sclerosis
(Secondary) (duration) 1 + yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Physical signs
(Signed) M. Gibson Porter M. D.
1/8, 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem
DATE OF BURIAL 1/9 1931

20. UNDERTAKER Samuel Hensley
ADDRESS 838 N Eddaw

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64072

199 E 64072

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hosp St., 12 Ward)

2-FULL NAME Henry Lee

(a) RESIDENCE NO. 1520 E Madison St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race Col

5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Lee

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years 48 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Lab

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Jack Lee

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Dinah Kurd

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Pearl Lee

(Address) 1520 E. Madison St

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by a hit & Run driver unapprehended

(4) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Ashland & Gay

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Brown, M. D.

19 . 1931 (Address) 2938 Wm Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cem.

DATE OF BURIAL 1-9 1931

20 UNDERTAKER Byron & Wright 1218 McElderry St

ADDRESS

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-103

E 64073

REGISTERED NO. E 64073

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 64073

1-PLACE OF DEATH Md Gen Hosp

City of Baltimore: (No. 14-20 St., Ward)

2-FULL NAME Samuel Gaines

(a) RESIDENCE NO. 1411 Argyle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Gaines

6 DATE OF BIRTH (month, day, and year) Oct 24 - 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ord Carpen
(b) General nature of industry, business, or establishment in which employed (or employer) G35
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Mason Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Cora B. Gaines, (Address) 1411 Argyle ave

15 Filed ..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said jurors (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: struck & knocked down by motor auto (hit & run) concussion

(duration) yrs. mos. ds.

Fract Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Linden & Dolphin

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. Gaines M. D.

1/9, 1931 (Address) 2939 W. Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 11 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

64074

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002 E 64074

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 14-59 WARD)

2-FULL NAME Arthur C. Maynard

(a) RESIDENCE No 2217 Penna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Maynard

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auto Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer) 23
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Benjamin Maynard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Margaret Maynard
(Address) 2217 Penna Ave

15 Filed JAN 9 - 1931 1932 C. Humphrey Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Coronary Thrombosis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D. Coroner

Jan. 9/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn -

DATE OF BURIAL Jan 9 1931

20 UNDERTAKER Rose St. Redden -

ADDRESS 436 W. Biddle St

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64075

93-001 E 64075

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 7-12 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Engel or Engle.

(a) RESIDENCE No. 709 N. Glover ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Engel

6 DATE OF BIRTH (month, day, and year) April 22, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Gottfrid Engel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Mueller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1-9-1931 19 C. Maurice Jones Registrar By L

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-31

17 I HEREBY CERTIFY, That I attended deceased from 1-6-31, 19..., to 1-8-31, 19...

that I last saw him alive on 1-8-31, 19...

And that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, acute

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget. M. D.

1-8, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cem. DATE OF BURIAL June 11 1931

20 UNDERTAKER Louis Hermann. ADDRESS 323 Broadway

Spec.—1-30—M. & T.—250 Bks.

J Walter Bruschel

✓ E 64076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64076

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 12-50 WARD)

2-FULL NAME J Walter Bruschel

(a) RESIDENCE No. 300 E 29th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (~~write the word~~) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mabel G Bruschel

6 DATE OF BIRTH (month, day, and year) Feb 11-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Equitable Trust Co.

009

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Gustave Bruschel

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Popper

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs Mabel G Bruschel
(Address) 300 E 29th St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/31

17 I HEREBY CERTIFY, That I attended deceased from 1/6, 1931, to 1/8, 1931, that I last saw him alive on 1/7, 1931, and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Gill M. D.

1/8, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Jan 10 1931

20 UNDERTAKER Kertland & Co

ADDRESS 1723 N Lafayette Ave

Spec.—1-30—M. & T.—250 Bks

E 64077 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 64077

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1505 Rutland Ave ST. ..... WARD) 8-17

2-FULL NAME Anna K. Baer

(a) RESIDENCE NO. 1505 Rutland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Baer

6 DATE OF BIRTH (month, day, and year) Sept 27/1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jost Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm G. Baer
(Address) 1505 Rutland Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1931, to Jan. 7, 1931, that I last saw her alive on Jan. 6, 1931, and that death occurred, on the date stated above, at 1 20 a.m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Eugene L. Pessano, M. D.

1. 7. 1931 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Jan 10/31

20 UNDERTAKER Philip Herwig

ADDRESS 2316 Orleans St

1-30—M. & T.—100 B—50L

E 64078

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 E 64078

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 26-72 WARD)

2-FULL NAME William Shaddock

(a) RESIDENCE No 5301 Belleview Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20/96

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	24	10	17 18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~None~~ Lab-
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Shaddock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sibylia Shaddock

(Address) 5301 Belleview Av

15 Filed ..... 192 C. HANSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Pistol shot through head

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas F Brooke, M.D. Coroner

1/8, 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL FREDERICKSBURG. VA.

UNDERTAKER Bernard C Hauk 1000 S Paca St

DATE OF BURIAL 1-9 1931

ADDRESS

JAN 9 1931

Spec.—1-30—M. & T.—250 Bks.

E 64079

E 64079

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

CERTIFICATE OF DEATH.

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Mount ST., WARD)

2-FULL NAME Jesse Gilmore

(a) RESIDENCE NO. 811 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4-1930

7 AGE Years Months 1 Days 18 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Jesse Gilmore

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mable Mack

13 BIRTHPLACE OF MOTHER (city or town) U. S. (State or country)

14 Informant Jesse Gilmore (Address) 811 N. Mount

15 Filed Jan 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 8, 1931, that I last saw h... alive on Jan 7 1931, and that death occurred, on the date stated above, at Jan 8 m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ....yrs. ....mos 3 ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. E. Funk M. D.

(Address) Fundus Health Ctr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1-9 1931

20 UNDERTAKER Samuel Carlini

ADDRESS 916 Pearl

Spec.—1-30—M. & T.—250 Bks

64080

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 64080

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

18-29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1119 W. Lombard ST. ..... WARD)

2-FULL NAME Hubert P. Kurtz

(a) RESIDENCE No. # 1119 W. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M. Kershaw Kurtz

6 DATE OF BIRTH (month, day, and year) Apr 26, 1900

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Otto Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Julia T. Shanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mr John O. Kurtz
(Address) # 1119 W. Lombard St.

15 Filed 9-1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 / 7 / 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov-27, 1930, to Jan-7, 1931, that I last saw h—alive on Jan-7, 1931, and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

a Influenza - Epidemic -

(duration) 0 yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Bronchio - Pneumonia

(duration) ..... yrs. 2 weeks — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank C. Brauer, M. D.

, 19 (Address) 125 W. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 1/10/ 1931.

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins St.

Spec.—1-10-21—M&T—1500 Blks.

E 64081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 64081

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N. Caroline ST. 8-17 WARD)

2-FULL NAME Charles G. Davis

(a) RESIDENCE No. 1513 N. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Davis

6 DATE OF BIRTH (month, day, and year) Mar 24 1851

7 AGE 79

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
81	9	16	15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Princeton New Jersey

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Harry B. Davis
(Address) Brunswick Md.

15 Filed Jan 9 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from January 3, 1931, to January 8, 1931, that I last saw him alive on January 9, 1931, and that death occurred, on the date stated above, at 12-55 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Brights Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry E. Wilson, M. D.

, 19 (Address) 3 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Filgleman's Mills Cemetery — DATE OF BURIAL Jan 11 1931

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 N. North ave.

Spec.—1-30—M. & T.—250 Bks.

E 64082

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 107-00 E 64082

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 4-25 WARD)

2-FULL NAME (Marie) Irene Higgs

(a) RESIDENCE NO. Granite Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	#	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS
10 NAME OF FATHER Irene Higgs
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Wanda Doffenger
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan., 3, 1931, to Jan., 8, 1931, that I last saw her alive on Jan., 8, 1931, and that death occurred, on the date stated above, at 5:50 a. m.

The CAUSE OF DEATH* was as follows:
Acute infectious arthritis with generalized septicemia
(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory, Physical signs

(Signed) Wylie M. Fair, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Cemetery

DATE OF BURIAL 1/9 1931

20 UNDERTAKER Castor Sons

ADDRESS Ellicott City

JAN 19 1931 E. [illegible] JONES, M. D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

✓ 1930 77 54

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-002

E 64033

CERTIFICATE OF DEATH

E 64033

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N. Broadway ST. 8-17 WARD)

2—FULL NAME Conrad Doerflein

(a) RESIDENCE NO. 1510 N. Broadway ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. 25 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Doerflein

6 DATE OF BIRTH (month, day, and year) Dec 14th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	—	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Doerflein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Doerflein
(Address) 1510 N. Broadway

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 9 1930 to Jan 8 1931, that I last saw him alive on Jan 7 1931 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Fetch M. D.

Jan 8 1931 (Address) 936 E. Monument St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 12th 1931
20 UNDERTAKER	ADDRESS
George Schulling & Sons	1126 E. Monument St

Spec.—2-29-28—L. F. S.—500 Bks.

E 64084

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64084

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Payson ST., 16-26 WARD)

2—FULL NAME Richard F. Trail

(a) RESIDENCE NO. 716 N. Payson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Trail

6 DATE OF BIRTH (month, day, and year): Aug 31, 1853

7 AGE: Years 77 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: — Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Bertie Trail
(Address) 716 N. Payson St.

15 Filed ..... 19 ..... Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1930, to Jan 7, 1931, that I last saw him alive on Jan 6, 1931 and that death occurred, on the date stated above, at 6 40 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jorge E. Shannon, M. D.

Jan 7, 1931 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Granite Cemetery — DATE OF BURIAL: Jan 10 1931

20 UNDERTAKER: Weer & Son Inc. — ADDRESS: Sykesville Md

Spec.—8-24-14—M. & T.—2000 Bks.

E 64085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64085

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Roland Ave ST. 1105 WARD)

2-FULL NAME Joseph L. Coughlin

(Residence in Baltimore: No. 3701 Roland Ave St.: 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. Unknown (Month) (Day) 1 (Year)

7-AGE. 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER. John Coughlin

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Chas. Coughlin

(Address) 3701 Roland Ave.

15-

Filed 1931 191 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7th, 1931
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1 1930, to Jan. 8 1931, that I saw him alive on Jan. 8 1931, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 4 yrs. 6 mos. ds.

(Signed) Chas. Evans M. D.

Jan. 9, 1931 (Address) 1425 Linden Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn New York

DATE OF BURIAL, Jan. 9th 1931

20-UNDERTAKER Chas. G. Evans & Son

ADDRESS 118 W. Mt. Royal Ave

Spec.—1-30—M. & T.—250 Bks

E 64086 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64086

X 108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jenkins Memorial Washington Ave

CITY OF BALTIMORE: (NO. 2612 ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tyra Mary McDermott

(a) RESIDENCE NO. 47 Eutaw St. WARD 8

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.
(State or country)

PARENTS

10 NAME OF FATHER John Brewer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Vital Records
(Address)

15 Filed 9-1931 G. MADISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 - 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 30, to Jan 9, 19 31,

that I last saw her alive on Jan 8, 19 31,

and that death occurred, on the date stated above, at 11.25 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia,

Ca Cervix - Inoperable

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac - Renal Vascular Disease Cystitis

(duration) yrs. Several mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Herman Livingston, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL 1/9 19 31

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Mullins

Spec.—2-29-28—L. F. S.—500 Hks.

E 64087

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓ E 64087

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Bank ST., 2nd WARD)

2—FULL NAME Margaret Langgood

(a) RESIDENCE NO. 2032 Bank ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of the late Christian Langgood

7 DATE OF BIRTH (month, day, and year) 1864

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	66			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto. Md.

11 NAME OF FATHER Martin Connelly

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

13 MAIDEN NAME OF MOTHER Margaret Vulter

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Elsie J. Langgood
(Address) 3914 Yorkwood Ave.

15 Filed 9-1931 19 C. HAMILTON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/5/31, 19..., to 1/9/31, 19...

that I last saw her alive on 1/9/31, 19...

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

~~Int~~ Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Manuel A. Corbett, M. D.

19 31 (Address) 3165 Patapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Lilly + Geiler Inc

ADDRESS 4038 Wash Ave

Spec.—1-30—M. & T.—250 Bks

E 64088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64088

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N Eden ST. 5-8 WARD)

2-FULL NAME Ida Warfield Banks

(a) RESIDENCE NO. 302 N Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isaac Banks

6 DATE OF BIRTH (month, day, and year) May 3 - 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) Jordantown
(State or country) N.J.

PARENTS

10 NAME OF FATHER Harry Cooper

11 BIRTHPLACE OF FATHER (city or town) Harrisville
(State or country) N.J.

12 MAIDEN NAME OF MOTHER Miss Florence Courtney

13 BIRTHPLACE OF MOTHER (city or town) Medford
(State or country) N.J.

14 Informant Florence Garnett
(Address) 1518 McCulloh

15 Filed 1931 G. 19 G. HAMPSON JOHNSON M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Jan 8, 1931, that I last saw he alive on Jan 7, 1931, and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo S Allen, M. D.

1-8, 1931 (Address) 608 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL 1/11/31

20 UNDERTAKER Robert E Williams

ADDRESS 1515 Druid Hill Ave

Cor.—10-10-29—A Co.—100 Bks.

E 64089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-203 L.3

REGISTERED NO. 64089

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Agnes Hospital St., 25-12 Ward)

2-FULL NAME B. Thomas Shipley

(a) RESIDENCE NO. Glen Burnie Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kathryn Shipley

6 DATE OF BIRTH (month, day, and year) June 15-80

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Isaac N Shipley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Pyles

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mrs Kathryn Shipley
(Address) 1925 W. Lexington St.

15 Filed, 19 Registrar RKB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

(4) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick Co

Did an operation precede death? no Date of

Was there an autopsy? no clinical

What test confirmed diagnosis? M. D.

(Signed) (Address) 1939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Geo. W. Little

DATE OF BURIAL Jan. 11 1931

ADDRESS

20 UNDERTAKER Friendship Chapel

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 64090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 64090

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2617 N. Calvert St., 12-50 Ward)

2-FULL NAME Harry D. Richardson

(a) RESIDENCE NO. 2617 N. Calvert St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married widowed, or divorced HUSBAND of (or) WIFE of Maranda V. Ward

6 DATE OF BIRTH (month, day, and year) May 10 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	76	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Guy Richardson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Maranda V. Richardson
(Address) 2617 N. Calvert St.

15 Filed ..... 19 ..... C. HAMILTON JONES, Registrar

1031 — ..... Reg'r

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Calculus
Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Guy Horsman M. D.

1/9 1931 (Address) 7232 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	January 10 1931
20 UNDERTAKER, John O. Mitchell & Sons.	ADDRESS 19.. Eutaw Place

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓ E 64091

E 64091

CERTIFICATE OF DEATH

1—PLACE OF DEATH West Balt. General Hospital REGISTERED NO. (If death occurred in a hospital or institution, give its name instead of street and number.)

CITY OF BALTIMORE: (No. 231 N. Monroe ST. 17 WARD)

2—FULL NAME Mrs Mary Chenoweth

(a) RESIDENCE NO. 231 N. Monroe ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

(a) If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarence O Chenoweth

6 DATE OF BIRTH (month, day, and year) Apr 14, 1865

7 AGE: Years 65 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Joseph. Rea.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Martha Arnold

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto City

14 Informant Ella G Wroth

(Address) 231 N Monroe

15 Filed Jan 10 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1930, to Jan 7, 1930 that I last saw her alive on Jan 7, 1930 and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis with Hypertension

(duration) Unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signal Bruncture & Clinical

(Signed) H Cochrane, M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dorsey Cemetery DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Wm Marshall ADDRESS 3537 Falls Rd

1-30—M. & T.—100 B—50L

E 64092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64092

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Penna Av ST., 17-24 WARD)

2-FULL NAME James Smith

(a) RESIDENCE No. 279 Stillman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	0	14	13

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salvation
(b) General nature of industry, business, or establishment in which employed (or employer) Army
(c) Name of employer W. Ofher

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER David Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mabel Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Martha Alexander
(Address) 1910 E. Monmouth St

15 Filed ..... 192 ..... Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Smith, M. D. Coroner

(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa — DATE OF BURIAL Jan 10 1931

20 UNDERTAKER John C. Miller — ADDRESS 2435 E Oliver

1-30—M. & T.—100 B—50L Coroner Morrissey 3632 Roland Ave Myer 16446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64093

E 64093

CERTIFICATE OF DEATH

164-001 8

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5910 York Rd Ward 27 Ward

2-FULL NAME William J. Stricker

(a) RESIDENCE No. 5910 York Rd. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Eleanora Stricker

6 DATE OF BIRTH (month, day, and year) Nov 7th 1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER W. J. Stricker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Panna

12 MAIDEN NAME OF MOTHER Mary Haine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louise Stricker
(Address) 5910 York Rd

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH Jan 8th 1931

16 DATE OF DEATH (month, day, and year) Jan 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poisoning
Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Harry Morrissey, Coroner, M. D.

1/9, 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys (Govans) Cemetery

DATE OF BURIAL 1/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 64094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64094

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp ST. 6-11 WARD)

2-FULL NAME Betty Ruckart

(a) RESIDENCE NO. 106 N. Streeper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29th 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis C. Ruckart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Mabel Irene Thorne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Dakota

14 Informant Mabel I. Thorne
(Address) 106 N. Streeper st

15 Filed Jan 12 1931 19 CHARLES JOHN, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 9, 1931, that I last saw her alive on Jan 9, 1931, and that death occurred, on the date stated above, at 7:00 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) None
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Morton L. Levin, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

E 64095

E 64095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46602

1-PLACE OF DEATH Baltimore City Hospitals

17-24

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2-FULL NAME Agnes Wessinger

(a) RESIDENCE No. 1120 Myrtle Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wessinger

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Gordonsville
(State or country) Va.

PARENTS

10 NAME OF FATHER Elijah Nicholas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Delilia Holman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

JAN 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-31

17 I HEREBY CERTIFY, That I attended deceased from 11-22-30, 19..., to 1-8-31, 19...

that I last saw her alive on 1-8-31, 19...

and that death occurred, on the date stated above, at 5:20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) ... yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anaemia, secondary

(duration) ... yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

-9. 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 1/11/1931

20 UNDERTAKER Mrs Geo H. Holland

ADDRESS 1631 Druid Hill

Spec.—1-30—M. & T.—250 Bks

E 64096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64096

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST. 15-21 WARD)

2-FULL NAME Milton Wesley

(a) RESIDENCE NO. 1718 N. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Packing house worker
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER John Wesley
11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)
12 MAIDEN NAME OF MOTHER Hattie Sharless
13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... M. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-31

17 I HEREBY CERTIFY, That I attended deceased from 9-26-30, 19..., to 1-8-31, 19..., that I last saw him alive on 1-8-31, 19..., and that death occurred, on the date stated above, at 4:25 A. m.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
Interstitial osteoarthritis of joint
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? clinical exam.
(Signed) Fred M. Duckwall, M. D.
, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem.
DATE OF BURIAL Jan. 12 1931

20 UNDERTAKER Mrs J. G. Locke
ADDRESS 1302 Jefferson St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64097

E 64097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Mulliken ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Doris May Benson

(a) RESIDENCE NO. 1528 Mulliken ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): S

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7-8-30

7 AGE: Years | Months: 6 | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: William Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Clara Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Clara H. Benson
(Address) 1528 Mulliken St.

15 Filed: 10 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-9-31

17 I HEREBY CERTIFY, That I attended deceased from 1-8-31, 19..., to 1-9-, 19 31 that I last saw h... alive on 1-8-, 19 31 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Cont. Edema

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 4257 N. Carline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Jan 12 1931

20 UNDERTAKER: Edward Bryan

ADDRESS: 1631 Orleans st

Spec.—1-30—M. & T.—250 Bks.

E 64098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64098

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hospital ST., 19 WARD)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. 1625 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~~M~~ female	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Johnson

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Steve Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alexandria Va

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wanza C. Johnson
(Address) 721 Sterling St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-31

17 I HEREBY CERTIFY, That I attended deceased from 1-6-31, 19....., to 1-8-31, 19.....,

that I last saw her alive on 1-8-31, 19.....,

and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Physical

(Signed) Lawrence H. Gross M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-12 1931

20 UNDERTAKER Byron & Wright 1218 McCulloh St

ADDRESS

Spec.—9-30—A. & Co.—250 Rks.

E 64099 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 64099

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 10-14 WARD)

2. FULL NAME Joseph Williams

(a) RESIDENCE No. 808 Somerset ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) April 14, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Sam Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Patsy Dabs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of (Address) B. C.H.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-31

17 I HEREBY CERTIFY, That I attended deceased from 6-6-30, 19..., to 1-8-31, 19... that I last saw him alive on 1-8-31, 19... and that death occurred, on the date stated above, at 7:35 A.m.

The CAUSE OF DEATH* was as follows:

Endocarditis, chronic (duration) unknown yrs. ..... mns. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic + acute - (duration) ..... yrs. 7 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padgett M. D.

1-9, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Crem.

DATE OF BURIAL 1-11 1931

20 UNDERTAKER Byrom & Wright 1218 N. Eldderry St.

ADDRESS

C. Ellington Jones, M. D.

Registrar

1-30—M. & T.—100 B—50L

E 64100

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

E 64100

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 4-6 WARD)

2-FULL NAME Edward Teamoh. (C)

(a) RESIDENCE NO 6 Harrison St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX Winnie Teamoh. (C)

6 DATE OF BIRTH (month, day, and year) May 6, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	8	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor.
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER George Teamoh. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Maria Riddick. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Winnie Teamoh. (C) wife.
(Address) 209 W. 142nd St. New York.

15 Filed ..... 192 ..... Registrar

0 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Uraemic Coma.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 6 Harrison St. January 6, 1930

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardy, M. D. Coroner

1/9/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Cem.

DATE OF BURIAL 1-11 19 31

20 UNDERTAKER Byron Wright

ADDRESS 218 McElderry St

Spec.—1-30—M. & T.—250 Bks

E 64101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64101

139-004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (NO. North Broadway ST. 1215 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Grace Krug

(a) RESIDENCE NO. 6 E Read ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Albert Krug

6 DATE OF BIRTH (month, day, and year) Mar 10 - 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Harper.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Albert Krug
(Address) 6 E. Read St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Jan 8, 1931, that I last saw h.e.r. alive on Jan 8, 1931, and that death occurred, on the date stated above, at 10 30 H. m.

The CAUSE OF DEATH* was as follows:

Pelvic abscess 139
Intestinal Obstruction 118.002
Diffuse peritonitis
(duration) ....yrs. ....mos 7 da.

CONTRIBUTORY (Secondary) Hypostatic pneumonia of both lungs
(duration) ? yrs. ....mos. ....da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James L. Searcy M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 1/12 1931

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fort

Cor.—10-10-29—A Co.—100 Bks.

E 64102

HEALTH DEPARTMENT—CITY OF BALTIMORE

103

210-

E 64102

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. Mud Hosp St. 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Brekter

(a) RESIDENCE NO. 12 2d Madison Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dont Know

7 AGE: Years 30 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town)
(State or country): N. C

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unk

14 Informant: Mrs Edna Tallot
(Address): 810 Madison ave

15 Filed 1931, 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/8 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by (hit & run) auto driver apprehended

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dolphin & Linden

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) L. J. Brown M. D.

1/10, 1930 (Address) 2939 W. Eldern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 10 30

20 UNDERTAKER: George T. A. Gibson — ADDRESS: 1735 Druid Hill Ave

important. See instructions on back of certificate.

Spec—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64103 59 E 64103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C 9-46

CITY OF BALTIMORE: (No. 632 Forrest ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L Stuebler

(Residence in Baltimore: No. 632 Forrest ave Balto md. St.; 80 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, married ~~WIDOWED,~~ ~~OR DIVORCED.~~ (Write the word.)

6-DATE OF BIRTH, Aug. (Month) 27 (Day), 1851 (Year)

7-AGE, 79 11 80 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Niagara Co N. Y.

PARENTS.

10-NAME OF FATHER, Oliver B. Lewis

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Susan Barton

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Stuebler

(Address) 632 Forrest ave.

15-

Filed ..... 191.. C. HUMPHREY JONES, M. D. Registrar.

10 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8th (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1915, to Jan. 8 1931, that I saw her alive on January 5 1931, and that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. ds.

(Signed) A. J. Stuebler M. D.

Jan. 9, 1931 (Address) 632 Forrest ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cem DATE OF BURIAL, Jan 10, 1931

20-UNDERTAKER Wm Schluderberg Sons ADDRESS Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 64104

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64104

CERTIFICATE OF DEATH

REGISTERED NO. 27-43

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Bayonne Ave. STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm Fritz.

(a) RESIDENCE NO. 3107 Bayonne Ave. STREET, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie H. Fritz

6 DATE OF BIRTH (month, day, and year) Dec 19-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	—	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Lobbying

(c) Name of employer Balto

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Fritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Fritz

(Address) 3102 Bayonne Ave

15 Filed ..... 19 C. HARRISON JONES, M.D. Registrar

JAN 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929 to Jan 8, 1931, that I last saw him alive on Jan 8, 1931, and that death occurred, on the date stated above, at 7 o'clock A.M. The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Clarke, M. D.

(Address) Latrobe Apts

Jan 9, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 12-1931

20 UNDERTAKER	ADDRESS
Kirkham & Greene	1123 N Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64105

E 64105

107-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 10-14 Ward)

2-FULL NAME James Joseph Madigan

(a) RESIDENCE NO. 913 E. Chase St. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): July 16, 1930

7 AGE: Years _____ Months 5Mo. Days 23 Dys IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Donald D. Madigan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ellen McNulty

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mr. Donald D. Madigan (Father)
(Address) 913 E. Chase St.

15 Filed Jan 10 1931 16 C. HOWARD JOHN[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Bronchopneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Killen (Coroner), M. D.

Jan 10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial: Jan. 12, 1931

20 UNDERTAKER: Elmer W. Conkling

ADDRESS: 924 E. Eager St.

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 64106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64106

93-083

CERTIFICATE OF DEATH.

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Appleton ST. WARD)

2-FULL NAME William Pennington Gruber

(a) RESIDENCE No. 805 N. Appleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louisa B. Gruber

6 DATE OF BIRTH (month, day, and year) Nov 4th 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
83	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 063

(b) General nature of industry, business, or establishment in which employed (or employer) Printer

(c) Name of employer

9 BIRTHPLACE (city or town) Hagerstown (State or country) Md

PARENTS

10 NAME OF FATHER John George Rettburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gettysburg Pa

12 MAIDEN NAME OF MOTHER Emma L. Hahn

13 BIRTHPLACE OF MOTHER (city or town) Hagerstown (State or country) Md

14 Informant Mrs John J. McAllister (Address) 805 N. Appleton St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1930, to Jan 8, 1931, that I last saw him alive on Jan 8, 1931, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Suddenly

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Some yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bruce Wood, M. D.

1/9, 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 1/10/31

20 UNDERTAKER Geo. Weber & Son 2503 Edmondson — ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64107.

CERTIFICATE OF DEATH

23v E 64107

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Reuckert Ave ST. 27-44 WARD)

2—FULL NAME Carolyn Clark Wright

(a) RESIDENCE NO. 3207 Reuckert Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

a If married, ~~widowed or divorced~~ HUSBAND OF (or) WIFE of Kenneth T. Wright

6 DATE OF BIRTH (month, day, and year) Aug. 9. 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Frank H. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Stella Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Kenneth T. Wright

(Address) 3207 Reuckert Ave

15 Filed 10 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to Jan. 9th, 1931, that I last saw her alive on Jan. 7th, 1931 and that death occurred, on the date stated above, at 5:50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. 6 mos. - ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X ray, sputum examinations

(Signed) Chas. E. Habliston, M. D.

, 19 (Address) 104 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan. 12. 1931
20 UNDERTAKER	ADDRESS
Hughes Funeral Inc.	424 N. Broady

Spec.—2-29-28—L. F. S.—500 Blks.

E 64108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64108

CERTIFICATE OF DEATH

75

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 92 v E. North Ave ST. 9-18 WARD)

2—FULL NAME Charles Howard McKay.

(a) RESIDENCE NO. 92 v E. North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 26 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam D. McKay.

6 DATE OF BIRTH (month, day, and year) Nov 14 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. odd

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William F. McKay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Lydia Kroh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant. Anna V. Stewart
(Address) 1738 E. 28th St

15 Filed ..... 19 ..... CHARLES JOHN K. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1919, to Jan 8, 1931, that I last saw him alive on Jan 8, 1931 and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism.

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) Blurlbrus Stewart, M. D.

1/9, 1931 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Jan 12 1931

20 UNDERTAKER George W. Zickler

ADDRESS 1737 E. Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 64109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64109

CERTIFICATE OF DEATH.

93-083

93-47

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 529 Oakland Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ella Walker

(a) Residence No. 529 Oakland Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of George Walker

6-DATE OF BIRTH (month, day and year) June 15-1848

7-AGE, 82 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER Henry A Shittwary

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Stickler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14-(Informant) George W. Walker

(Address) 529 Oakland Ave

15-

Filed ..... 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 9, 1931

17-I HEREBY CERTIFY, That I attended deceased from December 23 1930 to January 9, 1931

that I last saw h... alive on January 8 1931

and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis: Senility

(Duration) 4 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Hamer M. D.

19 (Address) 470 X York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. Jan 12 1931

20-UNDERTAKER. William Cook

ADDRESS 1217 St Paul St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64110

CERTIFICATE OF DEATH

59

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1618 E 30th St. 8th WARD)

2—FULL NAME Emily May Gernhart

(a) RESIDENCE NO. 1723 Cliftview Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 1-1864

7 AGE: Years 66. Months 8 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Henry D. Eben

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Amanda Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Charles Gernhart
(Address) 1723 Cliftview Ave

15 Filed 10 1931, 19 C. HOWARD JOHN, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 8, 1931, that I last saw he alive on Jan 7, 1931 and that death occurred, on the date stated above, at 1.10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1723 Cliftview Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) [illegible] M. D.

10, 1931 (Address) Mapleton, Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 11 1931

20 UNDERTAKER: M E Gossom

ADDRESS: 841 W 37th

Spec.—1-30—M. & T.—250 Bks.

E 64111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64111

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Bradford St. 10 WARD)

2-FULL NAME Isaiah Hawkins

(a) RESIDENCE NO. 625 N. Bradford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emily Hawkins

6 DATE OF BIRTH (month, day, and year) Nov 30 1885

7 AGE Years 45 Months ..... Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O.K.
(c) Name of employer Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS
10 NAME OF FATHER Joe Hawkins
11 BIRTHPLACE OF FATHER (city or town) Md (State or country)
12 MAIDEN NAME OF MOTHER Annie Duffy
13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Emily Hawkins (Address) 1527 E. Pratt

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1930 to Jan 7 1931 that I last saw him alive on Jan 7th 1931 and that death occurred, on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) La Grippe (duration) ..... yrs. ..... mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) J. B. Friedman M. D.

Jan 9 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Dutton Davis — ADDRESS 413 N. Eden St.

C. HARRISON JONES, M.D.
Registrar

JAN 16 1931

Cor.—10-10-29—A Co.—100 Bks.

E 64112

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-a' 64112

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Jos Hosp St., 58 Ward)

2-FULL NAME John Stanley

(a) RESIDENCE NO. 203 East St St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years 60; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

040

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER: Wm Stanley

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Mary Howell

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Mary Cottmary
(Address): 203 East St.

15 Filed ..... G. H. Lemmon, Jones M. D. Registrar

JAN 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

a ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Fract Skull

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Fremont & Oliver

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) D. Frame M. D.

1/10, 1931 (Address) 2939 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet cemetery

DATE OF BURIAL: Jan 10, 1930

20 UNDERTAKER: Mrs. R. H. Elliott

ADDRESS: 1725 Washington

important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64113

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-083 ✓ E 64113

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 374 Forrest St. ST. 5-8 WARD)

2-FULL NAME Dorindo Falconi.

(a) RESIDENCE NO 374 Forrest St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 16 yrs. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Mary Falconi.

6 DATE OF BIRTH (month, day, and year) Don not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Taidor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Rocco Falconi.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Abraham Barnabei (brotherinlaw)
(Address) 374 Forrest St.

15 Filed ..... 192 ..... Registrar RRH

1 0 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemhardt, M. D. Coroner

1/9/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1/12/31

20 UNDERTAKER J. Rutledge Sons

ADDRESS 1735 Hoffman

Cor.—10-10-29—A Co.—100 Bks.

E 64114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64114

23

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Enroute St. Joseph Hospital St., 27-43 Ward)

2-FULL NAME Emma E. Lawson

(a) RESIDENCE NO. 5412 Traymore Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Lawson

6 DATE OF BIRTH (month, day, and year) Feb 10/1903

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	10	29 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Harford Tailoring Co.

9 BIRTHPLACE (city or town) (State or country) Charles Co. , Md.

PARENTS

10 NAME OF FATHER Benjamin Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co., Md.

12 MAIDEN NAME OF MOTHER Dora Higgs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co., Md.

14 Informant Mrs. Morris
(Address) 5412 Traymore., St.

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) History Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Collins, M. D.

Jan 8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pattenwood Cem — DATE OF BURIAL 1/12/31 19

20 UNDERTAKER George J. Smith Inc — ADDRESS 1735 Aisquith

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Jones Funeral Jan 8/31

E 64115

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64115

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Collington St. 12 Ward)

2. FULL NAME Frances Prucha

(a) RESIDENCE No. 835 N. Collington St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Frank Prucha

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Anna Jutelo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Frank Prucha
(Address): Phoenix Md

15 Filed 1931, 19 ... Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931 to Jan 9, 1931 that I last saw her alive on Jan 9, 1931 and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny M. D.

19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 12 1931

20 UNDERTAKER: Frank Grack — ADDRESS: 1906 Orleans

Spec.—1-30—M. & T.—250 Bks.

E 64116

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

E 64116

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-72 WARD)

2-FULL NAME Mrs. Catherine Quinn.

(a) RESIDENCE NO. St. Agnes' Hospital ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	wh	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Robert Quinn.

6 DATE OF BIRTH (month, day, and year) April 24 1880

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital.

(c) Name of employer Sisters of Charity

9 BIRTHPLACE (city or town) Portsmouth, Va.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant St. Agnes Hospital
(Address)

15 Filed ....., 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1931.

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1931, to January 10 1931, that I last saw her alive on January 10, 1931, and that death occurred, on the date stated above at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage left.

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) ? Diabetes Mellitus.

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & physical

(Signed) Ludwig Rothschild, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth Va.	Jan 12, 1931.
20 UNDERTAKER	**ADDRESS**
Martin Baker & Sons	1027 W. North Ave

Spec.—1-30—M. & T.—250 Bks

64117

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-006 E 64117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals T.B. 26-37

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Charles H. Kiefer

(a) RESIDENCE NO. Baltimore City Hospitals ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Johnson E. Kiefer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary D. Ziegler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Hospital Records
(Address)

15 Filed JAN 11 1931 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1930, to Jan. 9, 1931, that I last saw him alive on Jan. 9, 1931, and that death occurred, on the date stated above, at 7.05 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Pancreas

unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) David Seiner, M. D.

1-9 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—0-30—A. & Co.—250 Bks.

Dr Carman 1701 N Carolina St Ves 2061

E 64118

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

E 64118

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1112 Somerset St. 10-14 WARD)

2-FULL NAME Sarah A. M. Beam

(a) RESIDENCE No. 1112 Somerset ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of James W. Beam

6 DATE OF BIRTH (month, day, and year) June 17th 1863

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Taneytown Md

PARENTS

10 NAME OF FATHER Isaiah Beam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth M. Creamer
(Address) 1112 Somerset St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 9, 1931 that I last saw her alive on Jan 9, 1931 and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:
Acute Dilitation of Heart + Emphysema

(duration) ..... yrs. ..... mos. 45 Minutes

CONTRIBUTORY (Secondary) Gastritis (Habitual) Myocarditis + Diabetes (duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1112 Somerset St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Chemical

(Signed) A A Carman M. D.

1-10 1931 (Address) 1701 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cemetery

DATE OF BURIAL 1/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-20—M. & T.—100 B—50L

Coroner's Blades Broadways & Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64119

9 Before 9

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lombard & Robinson ST. No 11 WARD)

2-FULL NAME John J. Bertrand

(a) RESIDENCE No 3301 Noble ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary Bertrand

6 DATE OF BIRTH (month, day, and year) Mar 8th/54

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	10	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Bertrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Un Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Un Known

14 Informant Mrs Sarah Meenan

(Address) 3301 Noble st

15 Filed ....., 192.. R.D.K. Registrar

JAN 11 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Syncope Arteriosclerosis of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? By History

(Signed) H. C. Blades, M. D., Coroner

1, 19 (Address) 1430 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—1-30—M. & T.—250 Bks. Dr Eisenberg 2027 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

64120 E 64120

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. North Ave. St. 4-18 WARD)

2-FULL NAME Alexander Franklin French

(a) RESIDENCE NO. 1815 E. North Ave St. WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE of~~ Catherine O. French

6 DATE OF BIRTH (month, day, and year) Sept 13th 1868

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supervisor

(b) General nature of industry, business, or establishment in which employed (or employer) Post Office

(c) Name of employer U. S. Govt

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Alexander French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Catharine McCabbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Catherine French
(Address) 1815 E. North ave

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from January 7, 1931, to January 10, 1931, that I last saw him alive on January 10, 1931, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Embolism (Coronary artery Thrombosis)

(duration) ....yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

1/13, 19 (Address) 2025 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 1/13/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64121

CERTIFICATE OF DEATH.

93-001 E 64121

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 27-55 WARD)

2-FULL NAME Mrs Christine Williams

(a) RESIDENCE NO. 3716 Hayward Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Claude

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housefe - 37

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Claude Williams
(Address) 3716 Hayward Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-9-31

17 I HEREBY CERTIFY, That I attended deceased from 1-3, 19 31, to 1-9, 19 31, that I last saw her alive on 1-9-, 19 31, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows: Cerebral Thrombosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Myocarditis - acute.

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & physical

(Signed) Nicholas M. Bonelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 12 1931

20 UNDERTAKER: Robert Brookeson — ADDRESS: Eutaw & Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64122

82-09 E 64122

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3301 Echodale Ave., Hamilton ST. 27th WARD 27-44

2-FULL NAME Anna Catherine Koppelman (nee Weber)

(a) RESIDENCE NO. 3301 Echodale Ave., Hamilton, Md. ST., 27th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Koppelman

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1844

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	3	6	24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Elizabeth Koppelman
(Address) 3302 Echodale Ave., Hamilton, Md.

15 Filed ..... 19 ..... Registrar .....

N 11 1931 C. H. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from December 30, 1930, to Jan. 9th, 1931, that I last saw her alive on Jan. 9th, 1931, and that death occurred, on the date stated above, at 2:50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson,

1/9, 1931 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

UNDERTAKER F. Lassahn Son

DATE OF BURIAL Jan. 12 1931

ADDRESS 7401 Belair Rd.

NOTE—Is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64123

CERTIFICATE OF DEATH.

93-00

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Sheridan Ave., Govans ST., 27-46 WARD) 6

2-FULL NAME HARRY W. SANNER

(a) RESIDENCE No. 506 Sheridan Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah G. Sanner

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John W. Sanner

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Neidhart

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Sarah G. Sanner
(Address) 506 Sheridan Ave.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1910, to Jan. 10, 1931, that I last saw him alive on Jan. 10, 1931, and that death occurred, on the date stated above, at 12:05 A. m.

The CAUSE OF DEATH* was as follows:
Chron. Myocarditis

over
(duration) 10 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoeschen M.D., M. D.

1-10, 1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Loudon Park Cemetery

DATE OF BURIAL
Jan. 13 1931

20 UNDERTAKER
F. Lassahn & Son

ADDRESS
7401 Belair Rd.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64124 92-001 E 64124

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2024 Pulaski St. 15-18 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jacob

(a) RESIDENCE NO. 2024 Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. — How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	MARRIED

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Jacob

6 DATE OF BIRTH (month, day, and year) May 31 - 1854

7 AGE 76 Years — 7 Months — 11 Days — 9 IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Contractor Baltimore City

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER H. Jacob

11 BIRTHPLACE OF FATHER (City or town) (State or country) —

12 MAIDEN NAME OF MOTHER Elizabeth Yinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles F. Jacob (Address) 2341 Harford Road.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1929, to January 10, 1931, that I last saw him alive on January 10, 1931, and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows: Valvular Heart Dis.

(duration) over 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy & Edema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Circumstances

(Signed) [illegible], M. D.

Jan. 10, 1931 (Address) 1405 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn — Date of Burial Jan 12/31

20 UNDERTAKER Wilson & Slingluff — ADDRESS 4130 Edmondson

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64125

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64125

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 E. Madison ST., 7-12 WARD)

2-FULL NAME Caroline Smith

(a) RESIDENCE NO. 2719 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Smith

6 DATE OF BIRTH (month, day, and year) Feb. 28/1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Wedel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara --

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Chas. E. Sullens
(Address) 2719 E. Madison St.

15 Filed ..... G. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/31

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930, to Jan 10, 1931, that I last saw h. alive on Jan 9, 1931, and that death occurred, on the date stated above, at 10 15 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2719 Madison

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Frank, M.D.

1/10, 1931 (Address) 2939 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem

DATE OF BURIAL Jan 13, 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2516 Orleans St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64126

CERTIFICATE OF DEATH.

10-14 159 E 64126

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. Monument St., WARD)

2-FULL NAME Leroy Little, Jr.

(a) RESIDENCE NO. 1004 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, ~~Married, Widowed,~~ or ~~Divorced (write the word)~~: Single

5a If ~~married, widowed,~~ or divorced HUSBAND of or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 1/9/31

7 AGE: Years | Months | Days 2 | If LESS than 1 day, ...hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Leroy Little, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Mabel Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Leroy Little Jr. (Address) 1004 E. Monument St. Balto.

15 Filed JAN 11 1931 R.F.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1931

17 I HEREBY CERTIFY, that I attended deceased from Jan 9, 1931, to Jan 10, 1931, that I last saw him alive on Jan 10, 1931, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows: Undernourished - Undergrowth from Premature birth - 6 months (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Premature birth (duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?: None

Did an operation precede death? No Date of: None

Was there an autopsy? No

What test confirmed diagnosis? Autopsy - Physicals

(Signed) H. H. Montague, M. D.

, 19 (Address) 1217 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct. DATE OF BURIAL: Jan 12 1931

20 UNDERTAKER: J. L. Brown & Son ADDRESS: 1054 W. Monroe St.

Spec.—1-12-23—M&T—500 Bks.

64127

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 E 64127

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Chester Ave ST., 12-50 WARD)

2-FULL NAME Elizabeth Abrams

(a) RESIDENCE No. 3032 Chester Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	48	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Journal of Home Economics

(c) Name of employer Wm Baltzer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Alexander Abrams

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Rosa Jones

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg
(State or country) Pa

14 Informant R. L. Abrams
(Address) 3032 Chester Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12th, 1930, to Jan 10th, 1931, that I last saw her alive on Jan 9th, 1931, and that death occurred, on the date stated above, at 2:10 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Left Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Metastasis
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1928

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) Albert Dingfelder, M. D.

1/10, 1931 (Address) 1613 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 12 1931

20 UNDERTAKER Putrams & Son 1723 — ADDRESS W. Lafayette Ave

Spec.—1-30—M. & T.—250 Bks.

2114313
E 64128

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 108

E 64128

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 (WARD)

2-FULL NAME Thomas A. Brown Jr.

(a) RESIDENCE No. 1020 F St Sparrows Pt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov-9-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	2	1	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas A. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline ~~Hornbeck~~ Stockbridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 11 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 10-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 10, 1931, that I last saw h..... alive on Jan 10, 1931, and that death occurred, on the date stated above, at 11 35 p m.

The CAUSE OF DEATH* was as follows:

streptococcus ~~pneu~~ pneumonia (lobar) + empyema

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 1/10/31

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) T. C. Goodwin, M. D.

1/11, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Jan 13 1931

20 UNDERTAKER J. F. Cline — ADDRESS Reisterstown Md

Spec.—1-30—M. & T.—250 Bks.

E 64129 E 64129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 29-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Clara Frisch

(a) RESIDENCE No. Phoenix Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Child

5a If married, widowed, or divorced HUSBAND of or) WIFE of "

6 DATE OF BIRTH (month, day, and year) Mar. 22. 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — pre

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John C Frisch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) C. Hopkins Hospital

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-11-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 11, 1931, that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at 5.55 p.m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(duration) ....yrs. ....mos 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? lumbar puncture

(Signed) H. E. Alexander, M. D.

1-11, 1931 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St John Lutheran Cemetery	Jan. 15, 1931

20 UNDERTAKER Blentlinger Bros. ADDRESS Elmer W. Conkelin 924 E. Eager St.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64130

93-003

E 64130

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 W Lanvale ST. 17-24 WARD)

2-FULL NAME Lizzie Crosby Colbert

(a) RESIDENCE No. 800 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Colbert

6 DATE OF BIRTH (month, day, and year) Oct 7, 1886

7 AGE: Years 44 | Months 3 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) House-work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co, Virginia

PARENTS

10 NAME OF FATHER Joe Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Annie Conway
(Address) 800 W Lanvale St

15 Filed ..... 19 ..... Registrar

JAN 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1930, to Jan. 8, 1931, that I last saw her alive on Jan 8, 1931, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiorenal disease

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) ..... yrs. ..... mos. 19 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab.

(Signed) H. Marco Williams M. D.

1-9, 1931 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 1/12 1931

20 UNDERTAKER: Thos. E. Nelson

ADDRESS: 303 Lanvale

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64131

E 64131

CERTIFICATE OF DEATH.

REGISTERED NO. 15-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1349 Carey ST. (WARD)

2-FULL NAME Maria Brodgen

(a) RESIDENCE NO. 1349 Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ♀ 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley Brodgen

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE Years 70 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert County Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Earl Jarvis

(Address) 1349 Carey St.

15 Filed 12 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 19 31, to 1/9, 19 31, that I last saw he alive on 1/8, 19 31, and that death occurred, on the date stated above, at 5-X p.m.

The CAUSE OF DEATH was as follows:

Cerebral apoplexy

& Paralysis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/10, 1931 (Address) 2135 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Auburn Cemetery

DATE OF BURIAL 1/12 1931

ADDRESS 1808 Pentonau

20 UNDERTAKER Thos E. Kilron

1-20—M. & T.—100 B—50L

E 64132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64132

CERTIFICATE OF DEATH

118

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Parkin ST. 17-25 WARD)

2-FULL NAME Samuel Ford

(a) RESIDENCE No. 626 Parkin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of N

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lena Owens
(Address) 626 Parkin St

15 Filed ....., 192 C. ELTON JONES, Registrar

JAN 12 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (duration) few hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Error of diet

..... (duration) few hours yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Irregular

(Signed) J. E. Black, M. D. Coroner

Jan 12 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1/12 1931

20 UNDERTAKER Samuel Hensley

ADDRESS 1278 W. Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 64133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 64133

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 W. Lanvale ST. 16 WARD)

2-FULL NAME Jeanette S. Neal.

(a) RESIDENCE No. 1422 W. Lanvale ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yr. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE 53 Years 52 Months Days If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Isabella Stadtman
(Address) 539 N. Lanvale St.

15 Filed JAN 17 1931 19 G. M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/30, 1930, to 1/9, 1931, that I last saw her alive on 1/8, 1931, and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial nephritis

over

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. N. Pigott, M. D.

1/12, 1931 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 1/11 1931

20 UNDERTAKER Samuel Hensley ADDRESS 578 Mt. Vide

Spec.—9-30—A. & Co.—250 Bks.

E 64134 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64134

CERTIFICATE OF DEATH.

27-5693

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Cordelia Ave. ST. ..... WARD)

2-FULL NAME Mary Green Steele

(a) RESIDENCE NO. Charlottsville, Va. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William I. Steele

6 DATE OF BIRTH (month, day, and year) Oct 10th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Nimrod Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Wheatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr Wm I Steele
(Address) 4900 Cordelia Ave.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 11, 1931

That I last saw her alive on Jan 11, 1931

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Akehurst M. D.

1-12 19 31 (Address) 612 Park Rights Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottsville, Va.

DATE OF BURIAL Jan 12 1931

20 UNDERTAKER L. J. Gilchrist Sons

ADDRESS Va

Spec.—9-30—A. & Co.—250 Bks.

E 64135 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64135

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals S 10-14 WARD)

2. FULL NAME Robert Scott

(a) RESIDENCE NO. 815 Greenmount Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years ~~[illegible]~~ Months ~~[illegible]~~ Days ~~[illegible]~~ If LESS than 1 day, ... hrs. or ..... min.
Unknown - Apparent age 50-60

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: James Scott
11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland
12 MAIDEN NAME OF MOTHER: Anne Mooney
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Hospital Records.

15 Filed JAN 12 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-27-, 1930, to 1-11-31, 19..
that I last saw him alive on 1-11-31, 19..
and that death occurred, on the date stated above, at 1:10 P.M.

The CAUSE OF DEATH* was as follows:
1. Bronchopneumonia
~~2. Alcoholism, chronic~~
2. Arteriosclerosis, general
unknown (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) ~~Bronchopneumonia~~ Chronic, Alcoholism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Jas G Arnold Jr M. D.
, 19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery
DATE OF BURIAL: Jan 13th 1931

20 UNDERTAKER: George Schilling & Sons
ADDRESS: 1126 E Monument St.

Spec.—1-30—M. & T.—250 Bks

E 64136 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64136

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 619 S. Bethel ST. 2-4 WARD)

2-FULL NAME Genovefa Barzal

(a) RESIDENCE NO. 619 S. Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 13-1930

7 AGE Years ..... Months ..... Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Stanislaus. Barzal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary. Adamczyk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant St. Barzal
(Address) 619 S. Bethel

15 Filed JAN 12 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1930 to Jan 10 1931, that I last saw her alive on Jan 10 1931, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William Bauer M. D.

19 (Address) 801 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 1/12 1931

UNDERTAKER M. Fiaschetti

ADDRESS 1448 Eastern

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-001

E 64137

CERTIFICATE OF DEATH.

E 64137

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. Eager ST. 11-15 WARD)

2-FULL NAME William August Marburg

(a) RESIDENCE NO. 6 E. Eager ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? 81 yrs. 6 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June-14-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William A. Marburg

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Munder

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Theo. Marburg (brother)
(Address) 14-W-Mt. Vernon Place

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1930, to Jan 10, 1931, that I last saw him alive on Jan 10, 1931, and that death occurred, on the date stated above, at 9.22 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 1+ yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] Storsey, M. D.

, 19 (Address) 11-9 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan-12-31

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 103 W. NORTH AVE.

[illegible] Jones, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64138

93-00

E 64138

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. Fulton ST. 14-28 WARD)

2-FULL NAME Mary J. Beck

(a) RESIDENCE NO. 212 S. Fulton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Late Geo. Beck

6 DATE OF BIRTH (month, day, and year) Feb 7, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Paul N. Rauser
(Address) 212 S Fulton Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency following acute indigestion
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Brosius M. D. Coroner
Jan 13 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cemetery — DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Harry H Nitsche — ADDRESS 4101 Edmondson Ave

FOR USE AND INFORMATION OF PHYSICIANS. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-30—M. & T.—250 Bks

E 64139 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64139

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 712 (WARD)

2-FULL NAME Harry Wright

(a) RESIDENCE NO. 745 N. Patterson Park Ave. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Emma C. Wright (nee Sanner)

6 DATE OF BIRTH (month, day, and year) April 6, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman - Am. Can Co.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel T. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary S. Christie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Samuel G. Wright
(Address) 242 N. Hilton St.

15 Filed [illegible] 19 [illegible] Registrar

12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January - 9 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 9, 1931, that I last saw him alive on Jan 9, 1931, and that death occurred, on the date stated above, at 2:10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ___ yrs. ___ mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

1/9/31 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 12/31

20 UNDERTAKER Harry W. Witzke 4101

ADDRESS Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 64140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64140

CERTIFICATE OF DEATH.

REGISTERED NO. 28-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St Joseph Hospital ST., WARD)

2-FULL NAME George Ruhl

(a) RESIDENCE NO. In Hse 503 Drury Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Ruhl

6 DATE OF BIRTH (month, day, and year) Sept 1-1882

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Flour Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) as above 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Conrad Ruhl

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Hiss

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant George Ruhl - (Son)

(Address) 503 Drury Lane Towson

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 9, 1931, that I last saw him alive on Jan 9, 1931, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

myocardial Insufficiency

(duration) ....yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) ....yrs. ....mos. 8 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of Jan 6-31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Frank C. Marino M. D.

9, 19.... (Address) 1117 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dawn Lodge Dun

DATE OF BURIAL Jan. 12 1931

20 UNDERTAKER Raymond H. Cook

ADDRESS 1003 N. Balto St.

Spec.—1-10-23—M&T—1500 Blks.

E 64141

HEALTH DEPARTMENT—CITY OF BALTIMORE

86 E 64141

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Bunder ST. 27-44 WARD)

2-FULL NAME Joseph J Palm

(a) RESIDENCE NO. 2816 Bunder ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/8/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph J. Palm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lillian M. Mowell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Joseph J. Palm
(Address) 2816 Bunder

15 Filed 1 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1931, to Jan 19 1931, that I last saw him alive on Jan 19 1931, and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH* was as follows:

Convulsions
Origin Unknown 2
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ephedrine
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Lampton M.D.

1/11, 1931 (Address) 100 E Pleasant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greg Cemetery Md.

DATE OF BURIAL 1/12 1931

20 UNDERTAKER J. J. Foley & Sons.

ADDRESS 1318 Light

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64142

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N. Patterson Pk Ave ST., 8-16 WARD)

2-FULL NAME Mary A. Dreisch

(a) RESIDENCE NO 1700 N. Patterson Pk Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Dreisch

6 DATE OF BIRTH (month, day, and year) Dec 5/1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER P. Neislein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

*13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Edw. J. Dreisch
3214 Tyndale Ave
(Address)

15 Filed ..... 192 ..... Registrar

12 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical History

(Signed) J. J. Mallen, M. D. Coroner

Jan 11 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross H H Co

DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Geo M. Frit(illegible)

ADDRESS 811 N Wolfe

Spec.—1-30—M. & T.—250 Bks.

E 64143 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64143

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

2-FULL NAME George D. Otter, Jr.

(a) RESIDENCE No. Woodlawn, Md., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ruth M. Otter

6 DATE OF BIRTH (month, day, and year) Sept 23-1903

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	3	18	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Geo. D. Otter Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Swartz

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant George D. Otter Sr. (Address) 1 S. Payson St.

15 Filed ..... 19 ..... C. HARRISON JONES Registrar

N 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/31

17 I HEREBY CERTIFY, That I attended deceased from 1/8/31, 19..., to 1/10, 19 31, that I last saw h. alive on 1/10/31, 19..., and that death occurred, on the date stated above, at 4 45 A. m.

The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not Rom

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Gill, M. D.

1/10, 19 31 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery DATE OF BURIAL Jan 13 1931

20 UNDERTAKER George L. Schwab ADDRESS via Park. Ave.

Spec.—4-30—M. & T.—250 Bks

E 64144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64144

CERTIFICATE OF DEATH.

46-005

8-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. WARD)

2-FULL NAME Barbara E. Batzer

(a) RESIDENCE NO. 1510 N. Wadsira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis Nelson

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1880

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George S. Batzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Liz. Rentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Charles T. Morrow

(Address) 1510 N. Wadsira St.

15 Filed JAN 12 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 10, 1931, that I last saw he alive on Jan 10, 1931, and that death occurred, on the date stated above, at 7:45 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(duration) yrs. ? mos. da.

CONTRIBUTORY (Secondary) Rectal Hemorrhage

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James L. Garey, M. D.

1/10, 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL Jan. 13 1931.

20 UNDERTAKER Geo. Geo. John W. Teufel & Son

ADDRESS 801 W. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

E 64145
E 64145

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-005 E 64145

CERTIFICATE OF DEATH

REGISTERED NO. E 64145

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Bond ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME MARY MUHLENFELD

(a) RESIDENCE NO. 812 S. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Muhlenfeld

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER August Schlutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Louise Muhlenfeld
Address 812 S. Bond St.

15 Filed ....., 19 .... Registrar.

JAN 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1931

17 I HEREBY CERTIFY, that I attended deceased from Aug., 1929; to Jan. 10, 1931, that I last saw her alive on Jan. 9th, 1931 and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1930.

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) W. Mitchell, M. D.

Jan. 12, 1931 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 13, 1931

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST. & BROADWAY.

E 64146

Spec.—9-30—A. & Co.—250 lks.

E 64146

E-64146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

76-2 82-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1831 Eagle St. ..... S ..... WARD)

2. FULL NAME Rose Ann McCauley

(a) RESIDENCE NO. 246 S. Clinton St. ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. McCauley.

6. DATE OF BIRTH (month, day, and year) Sept 16, 1872

7. AGE: Years 58 | Months 3 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife.

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10. NAME OF FATHER: Michael Mc. Cauley

11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12. MAIDEN NAME OF MOTHER: Mc Ginty

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant (Address): Mr. Thomas E. McCauley 1831 Eagle St.

15. DATE FILED: JAN 12 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan. 10, 1931.

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 31, to Jan 10, 31 that I last saw b ..... alive on Jan 10, 31 and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Hypertension (duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) James A. Dougherty M. D.

1/12 1931 (Address) ~~1729 [illegible]~~ 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park

DATE OF BURIAL: 1/19/31

20. UNDERTAKER: John A. Mann

ADDRESS: 3000 E. Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64147

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64147

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-29 ST., WARD)

2—FULL NAME Mr. William F. Cline

(a) RESIDENCE NO. 110 Mt. Claire Alley ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1885

7 AGE: Years 45 Months 4 Days 12 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Albert Edmund Cline

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Susie Burr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Hospital Records

(Address) C. [illegible]

15 Filed JAN 12 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 11, 1931, that I last saw him alive on Jan 11, 1931 and that death occurred, on the date stated above, at 7.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredonia Ben

DATE OF BURIAL: Jan 13 1931

20 UNDERTAKER: W M Coulson

ADDRESS: 223 Sp [illegible]

Spec.—1-10 21—M&T—1500 Bks.

E 64148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64148

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1117 N. Charles ST. 11-15 WARD)

2-FULL NAME Thomas F. Murphy

(a) RESIDENCE NO. 1117 N. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Murphy

6 DATE OF BIRTH (month, day, and year) March 17-1878

7 AGE: 52 Years; Months: 9; Days: 23; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: Mart Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Thomas F. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Catherine Goldbanner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mary J. Murphy

(Address): 1117 N. Charles St.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1922 to Jan 10, 1931, that I last saw him alive on Jan. 10, 1931, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Disease (Angina Pectoris)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Cecil K. Shilling, M. D.

1/12, 1931 (Address) 1120 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 1/13, 1931

20 UNDERTAKER: Geo. Cook

ADDRESS: 1217 St Paul St.

FIGS. IN ITALICS IN ITALICS. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 64149 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64149

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 E Preston ST., 8 WARD)

2-FULL NAME Anna Elizabeth Wright

(a) RESIDENCE No. 2433 E. Preston ST., 8 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua L Wright

6 DATE OF BIRTH (month, day, and year) Dec 10th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86	86	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales.

12 MAIDEN NAME OF MOTHER Catherine Reynolds

13 BIRTHPLACE OF MOTHER (city or town) Ellicott City (State or country) Maryland

14 Informant Charles J. Schaeffer
(Address) 2433 E Preston St

15 Filed ..... 19 C. MATTSON JONES, M. D. Registrar

12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1930, to Jan 11, 1931, that I last saw her alive on Jan 10, 1931, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) ....yrs. 4 mos ....ds.

CONTRIBUTORY (Secondary) Senility

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) B B Herzog M D, M. D.

1/11, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/14/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 64150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64150

CERTIFICATE OF DEATH.

REGISTERED NO. 122-002 38-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 3300 Calvert ST., WARD)

2-FULL NAME Mrs Matilda Skilton

(a) RESIDENCE NO. 5501 Windson Mill Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~(husband of~~ or) WIFE of George Skilton

6 DATE OF BIRTH (month, day, and year) Aug 17th 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country)

PARENTS

10 NAME OF FATHER Fred Upkoff

11 BIRTHPLACE OF FATHER (city or town) Bremen
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret J Upkoff

13 BIRTHPLACE OF MOTHER (city or town) Bremen
(State or country) Germany

14 Informant Hospital records
(Address)

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/26, 1930, to 1/11/, 1931, that I last saw her alive on 1/10, 1931, and that death occurred, on the date stated above, at 12-40 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) not known yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Francis W. Fleck M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Phila Pa.

DATE OF BURIAL 1/14/1931

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

244238

E 64151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64151

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

2-FULL NAME Robert Hughes Morton

(a) RESIDENCE No. 835 Rutland Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Isabelle

6 DATE OF BIRTH (month, day, and year): Sept-22-1896

7 AGE: Years 34 Months 3 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Steele Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 079
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Dan Hughes Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Grace Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... RPN Registrar

C. HAMILTON JAMES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 9, 1931, that I last saw him alive on Jan 9, 1931, and that death occurred, on the date stated above, at 9 30 pm.

The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture

(Signed) Julian A. Cornwington, M. D.

Jan 9, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Yaguire Va

DATE OF BURIAL: Jan 12, 1931

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1725 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64152

E 64152

CERTIFICATE OF DEATH.

92-006

REGISTERED NO. 1615

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Chase & Bentalou St. WARD)

2-FULL NAME Lizzie M. Vitalis Fuggins

(a) RESIDENCE No. Saint Francis Convent St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 4 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister

(b) General nature of industry, business, or estsblishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Moses Fuggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucitta Fuggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mother Superior

(Address) Chase & Bentalou

15 Filed 12 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-31

17 I HEREBY CERTIFY, That I attended deceased from April, 1920, to Jan. 11, 1931, that I last saw h. alive on Jan 11, 1931, and that death occurred, on the date stated above, at 12:12 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? usual ones

(Signed) Mary F Vaughan M. D.

1-12, 1931 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Ashland Ave

Spec.—1-30—M. & T.—250 Bks.

E 64153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64153

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Lyndale Ave ST. 8-40 WARD)

2-FULL NAME George Burkhardt

(a) RESIDENCE NO. 3208 Lyndale Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma E. Burkhardt

6 DATE OF BIRTH (month, day, and year) July 4 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Conrad Burkhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Whitacre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Zadwakia Forde
(Address) 1537 N. Patterson Park Ave

15 Filed 12 1931 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from January 0, 1931, to January 12, 1931, that I last saw ~~him~~ alive on January 12, 1931, and that death occurred, on the date stated above, at 6.00 m.

The CAUSE OF DEATH* was as follows:

Uremia. Coma.
Nephritis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Coma Exhaustion
(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary examination

(Signed) Alf. T. Bolt, M. D.

(Address) 1911 Bolway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Jan. 14 1931

20 UNDERTAKER Henry Hoch Sons Inc ADDRESS 131 E. Eager

Spec.—1-30—M. & T.—250 Bks

E 64154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64154

119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division St. 4C 29 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalee Williams

(a) RESIDENCE No. 704 Cedar Alley, WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1930, to Jan. 7, 1931, that I last saw her alive on Jan. 7, 1931, and that death occurred, on the date stated above, at 8 22 P m.

The CAUSE OF DEATH* was as follows:
Acute Nutritional Disturbance

(duration) ..... yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Undetermined
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George W. Donald, M. D.

1/8, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

UNIVERSITY OF MARYLAND
Commissioner Health
JAN 12 1931

Spec.—1-30—M. & T.—250 Bks

E 64155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64155

CERTIFICATE OF DEATH.

130

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST. 22-30 WARD)

2-FULL NAME Arthur Gaither

(a) RESIDENCE NO. 106 York ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S. C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Records
(Address)

15 Filed 1 2 1931, 19 ..... RHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1930 to 1-3, 1931, that I last saw him alive on 1-3, 1931, and that death occurred, on the date stated above, at 2:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Hemorrhoids

(duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Geyho M. D.

1/3, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

UNIVERSITY OF MARYLAND
JAN 12 1931

Spec.—1-30—M. & T.—250 Bks

E 64156 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64156

119

CERTIFICATE OF DEATH.

REGISTERED NO. 20-20

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Matthews

(a) RESIDENCE NO. 97 Ellamont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Noma Matthews.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address)

15 Filed ....., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1930, to Jan. 9, 1931, that I last saw her alive on Jan. 9, 1931, and that death occurred, on the date stated above, at 6 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance

(duration) ....yrs. ....mos 14 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dr. George Mc Donald, M. D.

1/9, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
JAN 12 1931
Commissioner Health
JAN 12 1931 C. HARRISON JOHN W. E.
5356 RKP
PAT. WM. E. KOOGLE

Spec.—9-30—A. & Co.—250 Bks.

E 64157 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64157

CERTIFICATE OF DEATH.

4-6 107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2 FULL NAME William Hall

(a) RESIDENCE NO. 128 South ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington
(State or country) N.C.

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Maria ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 12 1931 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-31

17 I HEREBY CERTIFY, That I attended deceased from 9-23-30, 19..., to 1-9-31, 19..., that I last saw him alive on 1-9-31, 19..., and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

1 Arthritis, Chronic Infectious (Organism unknown, hypertrophic type)

2. Anteriocolitis, General

(duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas. G. Arnold Jr M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS JAN 12 1931

Per Wm. F. Woods

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64158

E 64158

CERTIFICATE OF DEATH.

101

24-34

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Jackson St. ST. ..... WARD)

2-FULL NAME Paul Edward Daley

(a) RESIDENCE No. 1615 Jackson St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 1 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3.10.28.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Jos. Daley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna M. Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Wm. J. Daley
(Address) 1615 Jackson St.

15 Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.11.31. 19

17 I HEREBY CERTIFY, That I attended deceased from 1.7.31. 19 ..... to 1.11.31. 19 ..... that I last saw him alive on 1.11.31. 19 ..... and that death occurred, on the date stated above, at 12.15 M. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Staphylococcic cervical adenitis (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopic-clinical

(Signed) Philip B. Fowler, M. D.

1.11.31 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem

DATE OF BURIAL 1-13 1931

20 UNDERTAKER Bernard C Harle

ADDRESS 1000 Pacca St

Spec.—1-30—M. & T.—250 Bks.

E 64126 E 64159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6415

CERTIFICATE OF DEATH.

115-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Margaret De Roppe

(a) RESIDENCE NO. 2020 Delaware ave ST., ... WARD Wilmington Del
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harold

6 DATE OF BIRTH (month, day, and year) July-12-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER J R Trimble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Mrs Jas. Trimble
(Address) 8 Wisadron ave

Filed JAN 12 1931 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-12-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan-4, 1931, to Jan 12, 1931, that I last saw her alive on Jan 12, 1931, and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:
Agranulocytic Angina

(duration) ..... yrs. ..... mos 35 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Wilmington Del.

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) A Murray Fisher, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wye House Farms - Md Talbot Co.

DATE OF BURIAL Jan 13 1931

20 UNDERTAKER John C. Mitchell & Sons 1900 Eutaw

ADDRESS Eutaw Place

Spec—12-23-21—E.B.R.S.—400 Bks.

E 64160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64160

CERTIFICATE OF DEATH.

50

Registered No. 15-67

1-PLACE OF DEATH

City of BALTIMORE: (No. 3012 Westwood St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Hall

(a) Residence No. 3012 Westwood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 28-1866

7-AGE 64 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work S.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS

10-NAME OF FATHER Albert Isaac

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Mary Griffith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto

14- (Informant) Mary E. Fleming

(Address) 3012 Westwood

15- Filed 1931 C. RAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 10th 1931

I HEREBY CERTIFY, That I attended deceased from May 28 1930 to Jan. 10 1931

that I last saw him alive on Jan. 10 1931

and that death occurred, on the date stated above, at 11.00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Breast

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Hypertension & Exhaustion

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 30-31

Was there an autopsy? No

What test confirmed diagnosis? Pathology

(Signed) F. D. Allen M. D.

1/11/31 (Address) 2737 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 1/14/1931

20-UNDERTAKER Wm Cook 1217

ADDRESS St Paul St

21931

Spec.—1-30—M. & T.—250 Bks.

2 35-65
E 64161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64161

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. ..... WARD) 25-77

2-FULL NAME Martin Laughlin

(a) RESIDENCE NO. 426 Carrollia St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Alonis Laughlin

6 DATE OF BIRTH (month, day, and year) June 22nd 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U.S.

PARENTS

10 NAME OF FATHER John Laughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Margaret Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Friends
(Address)

15 Filed 1 2 1931, 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 - 31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930 to Jan. 12, 1931, that I last saw him alive on Jan. 12, 1931, and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) Unknown yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 42 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Urine analysis etc.

(Signed) John W. Parsons M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 1/15/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

J. W. Cole
2202 Garrison Ave

Lib 1269
7-8 Cohort

64162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64162

CERTIFICATE OF DEATH.

97-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4807 Gwynn Oak Ave (Street) 25-64 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Katherine West

(a) RESIDENCE No. 4807 Gwynn Oak Ave (Usual place of abode) STREET WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept 30th 1861

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
69	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Private House

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER T. Rudolph West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susan Harold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Elmer Hatter
(Address) 5304 Wayne Ave

15 Filed ..., 19... C. HUNSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1930, to Jan. 12, 1931, that I last saw her alive on Jan. 11, 1931, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage, trouble with arteriosclerosis and decompensation. Not called attend (duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis, arteriosclerosis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philip Dell M. D.

Jan. 19, 1931 (Address) 2202 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 1/12/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks. Dr Webster 6409 Belair Rd Ham 0341

E 64163 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64163

CERTIFICATE OF DEATH

131

REGISTERED No. 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5526 Belair Rd. WARD)

2. FULL NAME Barbara K. Wagner

(a) RESIDENCE No. 5526 Belair Rd. (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in City or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John H. Wagner

6 DATE OF BIRTH (month, day, and year) May 31st 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Un Known

PARENTS

10 NAME OF FATHER John Weikinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry J. Wagner (Address) 5526 Belair Rd

15 Filed Jan 12 1931, 19 RPS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1930 to Jan 10 1931 that I last saw her alive on Jan 10 1931 and that death occurred, on the date stated above, at 1/10 P. M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.
Acute Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension Chronic Interstitial Nephritis.
(duration) Almost 2 yrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert G. Webster M. D.

1/11, 1931 (Address) 6409 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 1/13/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—p 30—A. & Co.—250 Blks.

E 64164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64164

CERTIFICATE OF DEATH.

48

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 E. Monument ST. 10-14 WARD)

2. FULL NAME Mary A. Everist

(a) RESIDENCE No. 1442 E Monument ST. WARD .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in City or Town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 6 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Everist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sarah A

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Mamie E. Johnson
(Address) 1442 E Monument St

15 Filed ..... 19..... C. HANSON JONES, M. D. Registrar
By .....

121931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/31

17 I HEREBY CERTIFY, That I attended deceased from 11/2, 1930, to 1/9, 1931

that I last saw h[illegible] alive on 1/9, 1931

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) yrs. 2+ mos. ..... ds.

CONTRIBUTORY (Secondary) Heart failure & asthenia

(duration) yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Jay D Shadle M. D.

19 (Address) 26 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Mrs E. Miller & Son ADDRESS 235 E Jeffers St

Spec.—1-30—M. & T.—250 Bks.

E 64165

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 64165

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 1610-14 WARD)

2-FULL NAME Mary E. Bailey

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of or) WIFE of Frank D. Bailey

6 DATE OF BIRTH (month, day, and year) June 29th 1858

7 AGE Years 72 Months 6 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Little Sisters of the Poor
(Address) Preston & Valley St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/2, 1931, to 1-11, 1931, that I last saw her alive on 1/11, 1931, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Sero-fibrinous Pleurisy 7 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Bernard Lyons M. D.

1/12/31 (Address) 216 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 1/14, 1931

20 UNDERTAKER Chas. O. Evans & Son

ADDRESS 1180 Druid Royal Ave

JAN 12 1931 C. ELLERSON JAMES M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64166 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64166

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Gittings Ave ST. 27-48 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Storck

(a) RESIDENCE NO. 407 Gittings Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth A. Storck

6 DATE OF BIRTH (month, day, and year) Oct. 22-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Adolph Storck

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Meister

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Elizabeth A. Storck
(Address) 407 Gittings Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 11, 1931, that I last saw him alive on Jan 11, 1931, and that death occurred, on the date stated above, at 12.5 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A. Evans M. D.

1931/19 (Address) 612 N 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem. Govans

DATE OF BURIAL Jan 14 1931

20 UNDERTAKER Isaac R. Maund & Son

ADDRESS 118 West Royal Ave

Spec.—9-36—A. & Co.—250 Bks.

E 64167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64167

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) (WARD) 1412

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr John A. Hoh

(a) RESIDENCE No. 1945 N. Patterson Pk Ave (ST.) WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hoh

6 DATE OF BIRTH (month, day, and year) July 21 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael Hoh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Michael
(Address) 945 N. Patterson Pk Ave

15 Filed JAN 21 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 11, 1931

that I last saw him alive on Jan 11, 1931

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Cleo L. Fitzsimmons M. D.

. 19 (Address) Bon Secours Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer | DATE OF BURIAL Jan 14 1931

20 UNDERTAKER John C. Miller | ADDRESS 2435 E Oliver

Spec.—1-30—M. & T.—250 Bks.

E 64168

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 64168

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-26 WARD)

2-FULL NAME Preston Handy

(a) RESIDENCE No. 615 N Carrollton Ave ST. ..... WARD .....
(Usual place of abode) (If ooo-resident give city or town aod State)

Length of residence in city or town where death occurred 4yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Wilhelmina?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jesse
(Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-31

17 I HEREBY CERTIFY, That I attended deceased from 1-2-, 1931, to 1-11-, 1931, that I last saw him alive on 1-11-, 1931, and that death occurred, on the date stated above, at 8 50 a m.

The CAUSE OF DEATH* was as follows:

Volvulus

(duration) — yrs. — mos 13 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) — yrs. — mos. 13 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 1-2-31

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Conrad Acton, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, aod (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additioonl space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 1-13 1931

20 UNDERTAKER Dennis Carton

ADDRESS 916 Pa Ave.

Spec.—8 36—A. & Co.—250 Bks.

E-64169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-64169

34-002

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1521 ST. ..... WARD)

2. FULL NAME Louisa Hall Young CARTER

(a) RESIDENCE NO. 1863 Leslie ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): ofe

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lancaster Va.

PARENTS

10 NAME OF FATHER: Henry Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ....., 19.... L. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-8-31

17 I HEREBY CERTIFY, That I attended deceased from 12-5-30, 19..., to 1-8-31, 19...

that I last saw her alive on 1-8-31, 19...

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, chronic

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, acute

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam. 1

(Signed) Paul Padget M. D.

1-10, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 1-12, 1931

20 UNDERTAKER: David Easton ADDRESS: Pa. Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64170

CERTIFICATE OF DEATH

E 64170

REGISTERED NO. .....

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 72 Poppleton ST. 18-26 WARD)

2—FULL NAME Mary Diggs

(a) RESIDENCE NO. 72 Poppleton ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Diggs

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 40 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm Diggs
(Address): 72 N. Poppleton

15 Filed JAN 13 1931, 19.... HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 31, to Jan 10, 19 31, that I last saw him alive on Jan 9, 19 31 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. McCard M. D.

1/10, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL 1-12-31 1-12 1931

20 UNDERTAKER: Lewis Eyler

ADDRESS 916 Pa Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64171

CERTIFICATE OF DEATH.

11-15 92-001

E 64171

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Calvert ST. ..... WARD)

2-FULL NAME Nellie B. McDonald

(a) RESIDENCE No. 705 N. Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	65	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John McDonald

11 BIRTHPLACE OF FATHER (city or town) ----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen McKetrick

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Thomas J. McDonald
(Address) 705 N. Calvert Street

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan 11, 1931, that I last saw h[illegible] alive on Jan 11, 1931, and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:
Valvular Disease of Heart - Mitral

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual signs & symptoms

(Signed) Standish McCleery, M. D.

19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/15 19 31

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 505 N. Calvert

Spec.—1-30—M. & T.—250 Bks.

2.44151

64172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 87-002 E 64172

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... JOHNS HOPKINS HOSPITAL ..... ST., 7-4 WARD)

2-FULL NAME Raymond Fuller

(a) RESIDENCE No. Creedmoor ST., N. Carolina WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Zeba

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) N Car

PARENTS

10 NAME OF FATHER Ira F Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Car

12 MAIDEN NAME OF MOTHER Margt Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Car

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 12, 1931, that I last saw h. alive on Jan 12, 1931, and that death occurred, on the date stated above, at 7 35 p. m.

The CAUSE OF DEATH* was as follows:
Brain Tumor - left acoustic neuroma

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) none
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 1-6-31

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & operation

(Signed) Fred W. Geil, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henderson N C

DATE OF BURIAL 1/13/31 19

20 UNDERTAKER Joseph ahrens

ADDRESS 221 Bway

Spec—12-23-21—E.B.R.S.—400 Blks.

E 64173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64173

131

CERTIFICATE OF DEATH.

Registered No. 25-72

1-PLACE OF DEATH

City of BALTIMORE: (No. 1707 Harman ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Ewin

(a) Residence No. 1707 Harman ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, W.

5-~~Single,~~ Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Ewin

6-DATE OF BIRTH (month, day and year) June 12, 1873

7-AGE 57 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Riga Latvia

PARENTS

10-NAME OF FATHER Fred Berzinsky

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Latvia

12-MAIDEN NAME OF MOTHER Anna Wender

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Latvia

14- (Informant) John Ewin
(Address) 1707 Harman ave

15- Filed ..... 192.. G. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 10-1931

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1930 to Jan 10 1931 that I last saw h. alive on Jan 9 1931 and that death occurred, on the date stated above, at 5 P. m. The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) 1 yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary A Hoag M. D.

1/12/31 19 (Address) 729 Park Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan. 13, 1931

20-UNDERTAKER Burley & Co. Inc.

ADDRESS 1021 Lafayette ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64174

E 64174

CERTIFICATE OF DEATH.

107-001

10-14

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Sterling St. ..... WARD)

2-FULL NAME Russell Sattlefield

(a) RESIDENCE No. 729 Sterling ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13 1925 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
5		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... DAD

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Geo Baird

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Sattlefield

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lucy Sattlefield
(Address) 729 Sterling

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-31

17 I HEREBY CERTIFY, That I attended deceased from 1/6, 1931, to 1/9, 1931, that I last saw him alive on 1/9, 1931, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY
(Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein, M. D.

1/12, 1931 (Address) 733 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-13 1931

20 UNDERTAKER Byron & Knight 1218 Mc Elderry St

ADDRESS

Spec.—1-30—M. & T.—250 Bks. Andrew Bogdonas

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64175

E 64175

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S Bond ST. 2-4 WARD)

2-FULL NAME Andrew Bogdonas

(a) RESIDENCE NO. 703 S Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 4 mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anne Bogdonas

6 DATE OF BIRTH (month, day, and year) No. 1869

7 AGE 62 Years 4 Months 3 Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No. odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER G. Bogdonas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Anne Bogdonas (Address) 703 S Bond Street

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Janv. 12. 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930, to Jan 12, 1931, that I last saw he alive on Jan 12, 1931, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Cardiac Fibrosis (duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Rystaw M. D.

July 13 30 (Address) 801 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Janv. 15, 1931

20 UNDERTAKER John Grebliauskas 423 ADDRESS S Paca St

Spec.—1-30—M. & T.—250 Bks.

E 64176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64176

CERTIFICATE OF DEATH.

94-001

15-63

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Dorchester Road ST. ..... WARD)

2-FULL NAME Lillie Blum Littauer

(a) RESIDENCE NO. 4006 Dorchester Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bennett S. Littauer

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Blum

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Adler

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Mr. Julian Littauer
(Address) 4006 Dorchester Road

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Jan 11, 1931, that I last saw h[illegible] alive on Jan 11, 1931, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lutz, M. D.

1-11, 1931 (Address) Temple Garden Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 1 A3 / 1931

20 UNDERTAKER David Sandelowski Son

ADDRESS 1902 Eutaw Place

HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 10-001

E 64177

CERTIFICATE OF DEATH.

E 64177

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hpt 36-37 St. _____ Ward)

2-FULL NAME William Crockett

(a) RESIDENCE NO. 3907 Fait Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Mary C. Crockett

6 DATE OF BIRTH (month, day, and year): Feb. 17-1855

7 AGE: Years 75 Months 10 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Preacher

(b) General nature of industry, business, or establishment in which employed (or employer): Local

(c) Name of employer: 018

9 BIRTHPLACE (city or town): Howard Co

(State or country)

PARENTS

10 NAME OF FATHER: McLuirne

11 BIRTHPLACE OF FATHER (city or town): Island

(State or country)

12 MAIDEN NAME OF MOTHER: Cathrine Known

13 BIRTHPLACE OF MOTHER (city or town): Ellicott Mills Known

(State or country)

14 Informant: Mrs Crockett

(Address): 3907 Fait Ave

15 Filed..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down while passing from filling our money into & out of auto another found in a fault direction @ (duration) ..... yrs. ..... mos. ..... ds.

Fast Ave

CONTRIBUTORY (secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. J. Francis M. D.

(Coroner)

1/12 1931 (Address) 2439 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ... mos., ... ds. In the State..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Oldham & Carlin

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Interment Date of Burial Jan 14 1931

20 UNDERTAKER: A. B. Marshall ADDRESS 2539 Fall Rd

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64178

CERTIFICATE OF DEATH.

+ 157-002

12-49

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. ST. ..... WARD)

2-FULL NAME — John Albert Brueh.

(a) RESIDENCE NO. Reisterstown Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 10 - 1930

7 AGE: Years — Months — 1 Days 34 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

000

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Brueh

11 BIRTHPLACE OF FATHER (city or town) (State or country) - Md.

12 MAIDEN NAME OF MOTHER Hattie Talbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Brueh
(Address) Reisterstown Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Jan 18, 1931, that I last saw him alive on Jan 13, 1931, and that death occurred, on the date stated above, at 6:30 A.m.

The CAUSE OF DEATH* was as follows:

Spina bifida occulta c meningocele

(duration) — yrs. — mos 34 ds.

CONTRIBUTORY (Secondary) - Hydrocephalus c sterile Meningocele (duration) ..... yrs. ..... mos. 34 ds.

18 Where was disease contracted if not at place of death? Reisterstown, Md.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture air injection

(Signed) Jesse S. Fales, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Jan 14 1931

20 UNDERTAKER: Wm Berryman & Son — ADDRESS: Reisterstown

17

Spec.—1-30—M. & T.—250 Bks

E 64179 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-002

E 64179

CERTIFICATE OF DEATH.

13-54

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Callow Ave ST. ..... WARD)

2-FULL NAME Simon Steinberg

(a) RESIDENCE NO. 2401 Callow Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Steinberg

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Steinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fessie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1433 Eutaw St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Jan 12, 1931, that I last saw h[illegible] alive on Jan 12, 1931, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) James W. Hebeler M. D.

, 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Mt. Carmel

DATE OF BURIAL 1-13-1931

20 UNDERTAKER Jacob Levin 1439

ADDRESS Balto. St

Spec.—9 30—A. & Co.—250 Bks.

E 64180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64180

X 93-003

CERTIFICATE OF DEATH.

REGISTERED No. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Wyndhurst ave ST. ..... WARD .....

2 FULL NAME John R. Hissler

(a) RESIDENCE No. Mt. Jackson Va ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ..... ds. ..... How Long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Pullar Hissler

6 DATE OF BIRTH (month, day, and year) June 26 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Apple Grower

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Franklin Hissler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Erb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Mrs Maudy Triplett
(Address) 100 Wyndhurst Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930, to Jan. 12, 1931 that I last saw him alive on Jan. 12, 1931 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with auricular Fibrillation and Cardiac Asthma

(duration) yrs. ..... mos. 20 ds. .....

CONTRIBUTORY (Secondary) Cardiac Embolus

(duration) yrs. ..... mos. 1 ds. .....

18 Where was disease contracted if not at place of death? Winchester, Va

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Porter M. D.

1/12 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester, Va.

DATE OF BURIAL Jan. 14, 1931

20 UNDERTAKER John C. Mitchell Sons

ADDRESS 1901 Eutaw St.

Spec.—1-30—M. & T.—250 Bks

E 64181 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64181

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST. 14 WARD)

2-FULL NAME Mary C. Wright

(a) RESIDENCE NO. 420 N Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ? 1856

7 AGE: Years 75 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/12/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930, to Jan. 12, 1931, that I last saw her alive on Jan. 12, 1931, and that death occurred, on the date stated above, at 10 05 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis
(duration) Undetermined,

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald, M. D.

1/12, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/15/1931

20 UNDERTAKER: Wm. Gy. H. Holland

ADDRESS: 1631 Druid Hill

Spec.—1-30—M. & T.—250 Bks

E 64182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST., 14 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Byrd Lipscomb.

(a) RESIDENCE NO. 1506 Madison Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Lipscomb

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sarah Scott (Address) 1506 Madison Ave

15 Filed ..... 19.... Registrar

JAN 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30 19 30 to Jan. 10 19 31, that I last saw him alive on Jan. 10 19 31, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) Undetermined

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

1/10, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 1/13/1931

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 64183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64183

CERTIFICATE OF DEATH.

131

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Bennett Place ST. 18-26 WARD)

2-FULL NAME Joseph Job Madden

(a) RESIDENCE No. 1008 Bennett Place ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza

6 DATE OF BIRTH (month, day, and year): ? 1863

7 AGE: Years 68 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: Joseph Madden
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1931, to Jan 11th, 1931, that I last saw him alive on Jan 11th, 1931, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Albuminuria

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) Geo. M. Rauenbach M.D.

1-11, 1931 (Address) 2215 N. Northwestern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Elzia O. Madden 1008 Bennett Place

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Luke's Reisterstown Md

DATE OF BURIAL: 1/15/1931

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Reg.

FROM is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 64184

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-004

CERTIFICATE OF DEATH.

E-64184
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 Christian St ST. 90-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Menshaw.

(a) RESIDENCE No. 2131 Christian St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline G. Menshaw.

6 DATE OF BIRTH (month, day, and year) June 6-1862

7 AGE: Years 68 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Fire Dept. 032

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Tom Menshaw.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Fitzgerald.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Caroline G. Menshaw.
(Address) 2131 Christian St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10 - 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/8 - 1931, to 1/10 - 1931, that I last saw him alive on 1/10 1931, and that death occurred, on the date stated above, at 6 30 Am.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis Hypertension

(duration) 4 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A Cahn M. D.

1/13. 1931 (Address) 2145 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery | DATE OF BURIAL: Jan. 14 1931

20 UNDERTAKER: Charles J. Schwab. | ADDRESS: 505 N. Monroe St.

Spec.—1-10-21—M&T—1500 Bks.

E 64185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64185

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 S. Morley ST. 90-70 WARD)

2-FULL NAME Frank V. Lentz

(a) RESIDENCE NO. 1355 S. Morley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lentz

6 DATE OF BIRTH (month, day, and year) Nov 7th 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edward L. King
(Address) 1355 S. Morley St.

15 Filed JAN 16 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1929, to Jan 11, 1931, that I last saw him alive on, 1931, and that death occurred, on the date stated above, at 5:05 a m.

The CAUSE OF DEATH* was as follows:
Lung abscess (Rt lung)

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar (left)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray Clinical

(Signed) Eliot W. Johnson, M. D.

, 19 (Address) 332 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Jan. 14th 1931

20 UNDERTAKER: Chas. W. Dill

ADDRESS 3709 Fredk. Ave.

FROM is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 E 64186

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 N. Vincent ST., 16-22 (WARD)

2-FULL NAME Alice Norris

(a) RESIDENCE NO. 712 N. Vincent ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem'l	Col'd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
91	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma Williams

(Address) 403 Whatcoat

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) F. B. Zeik, Coroner, M. D.

Jan 12 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL Jan 15 1931

20 UNDERTAKER Joseph A. Lively

ADDRESS 417 N. Monroe St.

HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64187

E 64187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Greenmount Ave (WARD) 46

2-FULL NAME Inard H Hoskinson

(a) RESIDENCE NO. 3133 Greenmount Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Hoskinson

6 DATE OF BIRTH (month, day, and year) Aug. 31 1872

7 AGE: Years 58 59; Months 11; Days 10 11; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Frederick (State or country) Maryland

PARENTS

10 NAME OF FATHER John H. Porter

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Fred'k Co. Md.

12 MAIDEN NAME OF MOTHER Leah Wiard

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Virginia

14 Informant Robert Hoskinson (Address) 3133 Greenmount Ave

15 Filed ....., 19 .....

LAW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11-1931

17 I HEREBY CERTIFY, That I attended deceased from 6-1, 1930, to 1-11, 1931, that I last saw h.n alive on 1/10, 1931, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Infarcts (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) W. E. Burgess, M. D.

1/12, 1931 (Address) 1728 Eutaw St. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan 13 1931

20 UNDERTAKER Josiah Syfer.

ADDRESS 1600 W. North Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64188

151-003

151 E 64188

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 107 E. Gittings ST. 24-33 WARD)

2-FULL NAME Caroline Irene Simms

(a) RESIDENCE NO. 107 E. Gittings St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

PARENTS

10 NAME OF FATHER Francis Simms

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Irene Kelly

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Francis Simms
(Address) 107 E. Gittings St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from 1-11-31, 19 ..., to 1-13-31, 19 ..., that I last saw he alive on 1-12-31, and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Coronary Heart Disease 7 years
Hypertension 7 years

(duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible] M.D.

(Address) 600 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Jan 14 1931

20 UNDERTAKER Leo G. Cook

ADDRESS 1723 Pratt St Ave

Form—12-23-21—E.B.F.S.—400 Bks.

E 64189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64189

CERTIFICATE OF DEATH.

82-B

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 Hanover St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Lohwasser

(a) Residence No. 923 Hanover St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Sept 13th 1852

7-AGE: 78 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: John E. Lohwasser

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Rosa Hoefner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant) Louis Lohwasser

(Address) 923 Hanover St

15-Filed JAN 13 1931 WM. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 13th 1931

17- I HEREBY CERTIFY, That I attended deceased from November 1, 1930 to January 11 1931 that I last saw her alive on Jan 11 1931 and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary) Senilities

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Am Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Clevet

DATE OF BURIAL: Jan. 15 1931

20-UNDERTAKER: E. Schlosman & Son

ADDRESS 1089 Hanover St

11 Spec.—1-30—M. & T.—250 Bks.

E 64190 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 64190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO. 23237 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Sophia Walther

(a) RESIDENCE No. 1450 S. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Horse Hook
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Germy

PARENTS
10 NAME OF FATHER Henry Walther
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy
12 MAIDEN NAME OF MOTHER Emma B. Oerr
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant Chas Hofmann
(Address) 1523 Hanover st

15 Filed ....., 19 ..... Registrar

No Surgery performed
Not autopsied

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Jan 11, 1931, that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at 3 30 Am.

The CAUSE OF DEATH* was as follows:
Chronic hypertensive cardio-vascular renal disease
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation
(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical records
(Signed) Joseph T. Laukaitis, M.D.
, 19 (Address) South Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Jan 13 1931

20 UNDERTAKER C. Schloman & Son ADDRESS 1039 Hanover st

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 64191

CERTIFICATE OF DEATH

x 23 E 64191

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 96-37

2. FULL NAME Albert McGivern

(a) RESIDENCE No. 31st & Eaton Ave. St. ..... WARD ..... Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1, 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam fitter
(b) General nature of industry, business, or establishment in which employed (or employer) 060
(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D.C.

PARENTS
10 NAME OF FATHER Harry B. McGivern
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Marian Daly
13 BIRTHPLACE OF MOTHER (city or town) Charles Co.
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-31

17 I HEREBY CERTIFY, That I attended deceased from 12-29-30, 19.... to 1-11-31, 19.... that I last saw him alive on 1-11-31, 19.... and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs, chronic ulcerative (duration) yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Paul Podgett M. D.

1-13 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/13 1931

20 UNDERTAKER John J. Fahey Sons

ADDRESS 318 Light St.

Spec.—1-30—M. & T.—250 Bks

E 64192 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64192

82-08

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital 16-22

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun ST., WARD)

2-FULL NAME Mrs. Annie Ward

(a) RESIDENCE No. 719 N. Appleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Ward.

6 DATE OF BIRTH (month, day, and year) Sept 9th 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	4	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Edward T. Sheehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr Michael Ward.
(Address) # 719 Appleton St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Jan. 12, 1931, that I last saw her alive on January 12, 1931, and that death occurred, on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? 719 N. Appleton St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 1/15 1931

20 UNDERTAKER John F. Cowan & Son

ADDRESS 901 W. Fallsway

Spec.—1-30—M. & T.—250 Bks

E 64193

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-001

E 64193

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Dallas ST. 3-4 WARD)

2-FULL NAME Alexander Chelstowski a. Helstowski

(a) RESIDENCE NO. 625 S. Dallas st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wicenta Chelstowski

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sucker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Joseph Chelstowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Julia Mizielowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Wicenta Chelstowski wife
(Address) 625 S. Dallas street

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January-12-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931 to Jan. 11, 1931, that I last saw him alive on Jan. 11, 1931, and that death occurred, on the date stated above, at 12 45 A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Bronchial (duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Asthma (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 762 Edgewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Jan. 15 1931

20 UNDERTAKER George A. Weber — ADDRESS 205 S. Ann st.

FEB 1931

Spec.—1-30—M. & T.—250 Bks

E 64194

HEALTH DEPARTMENT—CITY OF BALTIMORE

72-001

E 64194

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST., 4-7 WARD)

2-FULL NAME John Gatchford

(a) RESIDENCE NO. Mercy Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) (formerly carpenter)

(c) Name of employer 015

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Records
(Address)

15 Filed ....., 19 RJC. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13, 1931.

17 I HEREBY CERTIFY, That I attended deceased from 9-11, 1929, to 1-13, 1931, that I last saw h. alive on 1-13, 1931, and that death occurred, on the date stated above, at 3^5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphatic Leukaemia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko, M. D.

1/13, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C

DATE OF BURIAL 1/15 30

20 UNDERTAKER Joyce & Staley Sutton

ADDRESS Lafayette

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64195

CERTIFICATE OF DEATH

210-103

E 64195

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St., 7-12 Ward)

2-FULL NAME Andrew J. Dembeck

(a) RESIDENCE NO. 2738 Ashland Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Dembeck

6 DATE OF BIRTH (month, day, and year) June 24, 1882

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
48	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Molder
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER August Dembeck

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant Marie Dembeck
(Address) 2738 Ashland Ave.

15 Filed ....., 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck, knocked down & carried from road by truck that was passing 2 other trucks in same direction (duration) ..... yrs. ..... mos. ..... ds.

(H)

Multiple Fract Chest

CONTRIBUTORY (Secondary) Rupt Lung (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Frank Rd & Caton

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Trauer, M. D.

1/12, 19 (Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus — DATE OF BURIAL Jan 14 1931

20 UNDERTAKER J. W. Bagworth — ADDRESS Eastern Ave

Important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64196 11-002 E 64196

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Stockton ST. 15-59 WARD)

2—FULL NAME Mattie Louise Smith

(a) RESIDENCE NO. 2428 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Smith

6 DATE OF BIRTH (month, day, and year): April 6 - 1898

7 AGE: Years 32 | Months 9 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hanover Co Virginia

PARENTS

10 NAME OF FATHER: Alfred Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Florence Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: John E. Smith
(Address) 2428 Stockton St.

15 Filed ..... 19 ..... Registrar

3 1931 C. HAMILTON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1931 to Jan 10, 1931, that I last saw her alive on January 10, 1931 and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis ?
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Influenza + ?
(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? 2428 Stockton St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

Jan 10 1931 (Address) 1209 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Doswell Va.

DATE OF BURIAL: Jan. 13 1931

20 UNDERTAKER: Mrs J. G. Locks

ADDRESS: 1302 Caffern

Spec.—9-30—A. & Co.—250 Bks.

E 64197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64197

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 868 Park Ave. St. 11-24 WARD)

2 FULL NAME Ethel Dann Buzzard.

(a) RESIDENCE No. 868 Park Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Willey Buzzard

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas.

PARENTS

10 NAME OF FATHER Wm Henry Dann

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Christina A. Hanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill

14 Informant Christina Elizabeth Buzzard
(Address) 868 Park Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1930 to Jan. 13, 1931 that I last saw him alive on Jan 13, 1931 and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage — left

(duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Genuine + Sub

(Signed) C. Holmes Bond M. D.

, 19 (Address) 104 W. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Md. DATE OF BURIAL Jan. 14 1931

20 UNDERTAKER Wm J. Beckner Sons ADDRESS North & Pa

1-16-1931 F. HAMILTON JONES, M. D.

NKB

Spec.—9 30—A. & Co.—250 Bks

E 64198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64198

93-003

CERTIFICATE OF DEATH.

REGISTERED No. 6-44
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 2806 Parkview Terrace ST. ..... WARD)

2. FULL NAME Walter Pierson Wright

(a) RESIDENCE No. 2806 Parkview Terrace ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 11 mos 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Emma M. Wright

6 DATE OF BIRTH (month, day, and year) January 14 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J. E. Hood Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Juliet Pierson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs Emma M. Wright
(Address) 2806 Parkview Terrace

15 Filed ..... 19 ..... Registrar

G. HAMPSON JONES, M. D.

JAN 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Jan 11th, 1931 that I last saw him alive on Jan 10th, 1931 and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris due Thrombosis of Coronary Artery

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) many years yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Cook M. D.

1/12 1931 (Address) 5 Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — DATE OF BURIAL Jan 1931

20 UNDERTAKER Jno J. Dickerson & Sons — ADDRESS Hotel Ave

Spec.—9-30—A. & Co.—250 Bks.

E 64199

HEALTH DEPARTMENT—CITY OF BALTIMORE

B E 64199

CERTIFICATE OF DEATH.

46-002

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 W Fairmount Ave. WARD) 19

2. FULL NAME Ida S Speems

(a) RESIDENCE No. 2713 W Fairmount St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm S Speems

6 DATE OF BIRTH (month, day, and year): Sept 12 1861

7 AGE: Years 69. Months 4 Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: C

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Chas E Poulton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Almira Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Mrs Ida Frederick 2905 W Baker St

15 Filed ..... 19 ..... Registrar

3 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 11 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930, to Jan 11, 1931, that I last saw he alive on Jan 9, 1931, and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (duration) yrs. 10 mos. 21 ds.

CONTRIBUTORY (secondary) Pulmonary Oedema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No Date of .....

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Hasling & Finding

(Signed) James W Schulenburg M.D.

1/12 1931 (Address) 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 14 1931

20 UNDERTAKER: W J Pickerness & Son — ADDRESS: North Ave

Spec.—1-30—M. & T.—250 Bks.

E 64200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64200

53-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Union Memorial Hospital WARD)

2-FULL NAME Mrs. ~~Catharine~~ Kathryn [redacted] Van Hess

(a) RESIDENCE NO. 425 Lake Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of Mr. Arthur Gordon Van Hess

6 DATE OF BIRTH (month, day, and year) June 18, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS

10 NAME OF FATHER Rev. Edward Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith Hann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Arthur Gordon Van Hess
(Address) 425 Lake Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 12, 1931, that I last saw he alive on Jan 12, 1931, and that death occurred, on the date stated above, at 7:35 A.M.

The CAUSE OF DEATH* was as follows:

Intra-cranial Pressure

(duration) ....yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Brain Tumor

(duration) ....yrs. ? mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of 1-12-31

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Michael J. Horsfield, M. D.

1/12, 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Jan 14 1931

20 UNDERTAKER J. J. Tuckner, Inc

ADDRESS Forest Ave

C. HAMPSON JONES, M. D.

1-13-1931 R. P. H. Registrar

Spec.—1-30—M. & T.—250 Bks

E 64201 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64201

159

CERTIFICATE OF DEATH.

REGISTERED NO. 16-23

1-PLACE OF DEATH University of Maryland Hospital ST. (OR WARD)

CITY OF BALTIMORE: (NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Tolson

(a) RESIDENCE NO. 424 Harlem Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1930

7 AGE Years Months Days 1 If LESS than 1 day 38 hrs. 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Alfred Brown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Ruby Tolson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Mother Ruby Tolson

(Address)

Filed JAN 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930, to Jan. 1, 1931, that I last saw him alive on Jan. 1st, 1931, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (about 32 wks).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis H. Longfield, M. D.

1/6/1931 (Address) Mrs. Harp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JAN 13 1931

ADDRESS

20 UNDERTAKER Commissioner Health

C. HAMPSON JONES, M. D.

1-30—M. & T.—100 B—50L

E 64202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 64202

27-43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5403 Traymore Ave ST. ..... WARD

2-FULL NAME Harry M. Reynolds

(a) RESIDENCE NO 5403 Traymore Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Reynolds

6 DATE OF BIRTH (month, day, and year) Apr 17/1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Collector
(b) General nature of industry, business, or establishment in which employed (or employer) 67
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Benj. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary V. Reynolds
(Address) 5403 Traymore, Ave

15 Filed ....., 192 ..... C. HAMILTON JONES, M. D. Registrar

JAN 13 1931 RKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Failure

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

Jan 12/31 (Signed) John H. Crim, M. D. Coroner
, 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery — DATE OF BURIAL Jan 14 1931

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

1-30—M. & T.—100 B—50L

E 64203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64203

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 W Hoffman St. WARD) 11-24

2-FULL NAME Jas Nesbet.

(a) RESIDENCE NO 331 W. Hoffman St. WARD Same Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 57 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894-Jan

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgetown S.C.

PARENTS

10 NAME OF FATHER Robinson Nesbet

11 BIRTHPLACE OF FATHER (city or town) S.C. (State or country)

12 MAIDEN NAME OF MOTHER Barbara Jones

13 BIRTHPLACE OF MOTHER (city or town) S.C. (State or country)

14 Informant Elizabeth Frazier (Sister)
(Address) 331 W Hoffman

15 Filed ....., 192 .... Registrar RPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy, (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Dilatation of heart and congestion of lung (duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? (Autopsy)

What test confirmed diagnosis?

(Signed) H. G. Finch, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary cemetery

DATE OF BURIAL Jan 19, 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Av

JAN 31 1931

Spec.—1-30—M. & T.—250 Bks.

DW 2301

E 64204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64204

CERTIFICATE OF DEATH.

X 23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Christenda Brandon

(a) RESIDENCE NO. Turners Station ST., ... WARD Turners Mg.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Car -

PARENTS

10 NAME OF FATHER Thomas Brandon

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Car -

12 MAIDEN NAME OF MOTHER Mary Jeffers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Car

14 Informant Records -
(Address)

15 Filed JAN 13 1931, 19 ..... AKM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 - 31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1930, to Jan - 11, 1931, that I last saw her alive on Jan - 11, 1931, and that death occurred, on the date stated above, at 7 45a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pericardium & Pleura
Pericardial effusion
Pleural effusion
(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Probably Home.

Did an operation precede death? no Date of -

Was there an autopsy? no -

What test confirmed diagnosis? Clinical Picture

(Signed) Benj. M. Baker Jr. M. D.

Jan 11, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 14, 1931

ADDRESS 1720 Ashland Ave

20 UNDERTAKER Mrs. R. G. Elliott

Spec.—1-30—M. & T.—250 Bks.

E 64205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64205

CERTIFICATE OF DEATH.

59

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp ST., 712 WARD)

2-FULL NAME Amelia Fales

(a) RESIDENCE NO. 920 N Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Lawrence B. Fales

6 DATE OF BIRTH (month, day, and year) Dec 29th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Frank Alosa

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Schwartz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Lawrence B. Fales
(Address) 920 N. Washington St

15 Filed JAN 3 1931, 19 ..... RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to Jan 10, 1931, that I last saw her alive on Jan 10, 1931, and that death occurred, on the date stated above, at 10 35 P. m.

The CAUSE OF DEATH* was as follows: Diabetic Gangrene of right leg
Arteriosclerosis
Chr. Myocarditis
(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Diabetes mellitus
(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 2-1931

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Course & Autopsy Findings

(Signed) J. R. Goodman, M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1/14 1931

20 UNDERTAKER E. J. Fleming & Son - 1931

ADDRESS E. Lafayette Ave

Spec.—9-30—A. & Co.—250 Bks.

64206

HEALTH DEPARTMENT—CITY OF BALTIMORE

64206

CERTIFICATE OF DEATH.

152

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 24-33 WARD)

2. FULL NAME Mrs Catherine Carey

(a) RESIDENCE No. 307 E. Hamburg St. - ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Carey

6 DATE OF BIRTH (month, day, and year) Oct. 24 - 1873

7 AGE: Years 57 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Patrick Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mamie Carey
(Address) 307 E. Hamburg St.

15 Filed 1931, 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12. 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-31, 1930, to 1-12, 1931

that I last saw her alive on 1-12, 1931

and that death occurred, on the date stated above, at 7:45 P. M.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cellulitis of the right leg.

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Chas D. Stokes M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Jan. 16 1931

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Light St.

Spec.—1-30—M. & T.—250 Bks.

E 64207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64207

CERTIFICATE OF DEATH

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (NO. ..... ST., ... WARD 23-34

2-FULL NAME Mary Veronica O'Keefe

(a) RESIDENCE NO. 1604 Marshall ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 13-1911

7 AGE: Years 19 | Months 0 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Patrick O'Keefe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Faulstich

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mary O'Keefe
(Address) 1604 Marshall St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1930, to Jan 11, 1931, that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis ..... 2 ds.

CONTRIBUTORY (Secondary) Chronic empyema; chronic purulent pericarditis (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy + clinical records

(Signed) R. A. Weber, M. D.

, 19 (Address) South Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: Jan. 14 1931

20 UNDERTAKER: Margaret V. Flynn | ADDRESS: 1422 Eutaw St.

C. HAMILTON JONES, M. D.

JAN 13 1931

Spec.—1-30—M. & T.—250 Bks.

E 64208

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 64208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (NO. Balto Md. ST. 20-64 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Itsacowitz

(a) RESIDENCE NO. 2549 Frederick Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years 66 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address) Balto City Hosp

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13/31

17 I HEREBY CERTIFY, That I attended deceased from 6-1-, 1929, to 1-13, 1931, that I last saw her alive on 1-13, 1931, and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Psychosis = Confusion

Deterioration (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldstein M. D.

1/13 1931 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 1/14 1931

20 UNDERTAKER Sol Levin & Bro

ADDRESS 1127 E Balto St

Spec.—1-30—M. & T.—250 Bks.

E 64209

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-002

CERTIFICATE OF DEATH.

E 64209

REGISTERED NO. 27-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Somerset Road ST., WARD)

2-FULL NAME Elizabeth Sadtler Dickey

(a) RESIDENCE No. 300 Somerset Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? 67 yrs. 5 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug-3-1863

7 AGE: Years 67 Months 5 Days 10 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Baltimore (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles E. Dickey

11 BIRTHPLACE OF FATHER (city or town): Balto. (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Sadtler

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country): Maryland

14 Informant: Miss Henrietta S. Dickey (sister) (Address): 300 Somerset Road.

15 Filed JAN 14 1931 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 13 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Jany 13, 1931, that I last saw him alive on Jany 12, 1931, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema.

(duration) ....yrs. ....mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H Warren Buckler, M. D.

Jany 13, 1931. (Address) 806 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jany 15 1931

20 UNDERTAKER: Stewart & Company — ADDRESS: Balto.

1-30—M. & T.—100 B—50L

E 64210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64210

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City Hospital ST., 25th WARD)

CITY OF BALTIMORE, MD.

2-FULL NAME Charles Engelletter

(a) RESIDENCE NO 1603 Fleet ST., 2 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3rd 1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hustler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Engelletter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ursula Engler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Ursula Wacker (Mother)

(Address) 1603 Fleet St.

15 Filed ..... 192 ..... Registrar

E. HERSON JONES, M. D.

JAN 14 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted — If not at place of death? — Date of —

Did an operation precede death? —

Was there an autopsy? —

What test confirmed diagnosis? Hospital Record

(Signed) J. Y. C. Davis, M. D. Coroner

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan 14th 1931

20 UNDERTAKER Lilly + Geier Inc.

ADDRESS 403 S. Wolfe St

1-30—M. & T.—100 B—50L

E 64211

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001 E 64211

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST. 1-1 WARD)

2-FULL NAME Jno Gilbert Downey

(a) RESIDENCE No 3013 Tait ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July-12-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	6	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos. N. Downey

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Henry

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Joseph N. Downey (Father)
(Address) 3013 Tait Ave

15 Filed ..... 192 ..... Registrar

JAN 14 1931 C. HARRISON JOHNSON

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving taxi while running across street in center of block (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (a) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3000 Block Hudson

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. France M. D. Coroner

Jan 13, 1931 (Address) 2939 Hillen Elderly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan 15 1931

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 4038 Roga St.

Spec—12-23-21—E.B.R.S.—400 Bks.

Kuhn

E 64212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64212

CERTIFICATE OF DEATH.

46-002

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1231 N Gordon ave. St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kuhn

(a) Residence No. 1231 N Gordon ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married~~, Widowed, ~~or Divorced~~, (~~Write the word~~)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Caleb John G Kuhn

6-DATE OF BIRTH (month, day and year) May 25-1864

7-AGE 66 yrs. 7 mos. 20 ds. If LESS than 1 day, 19 hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS

10-NAME OF FATHER. Georg Herdegen

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Fox

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Elizabeth B. Kuhn
(Address) 1431 Woodall St

15- Filed JAN 14 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 14-1931.

17- I HEREBY CERTIFY, That I attended deceased from Nov 17th 1930 to Jan 14 1931 that I last saw him alive on Jan 14 1931 and that death occurred, on the date stated above, at 3 a m. The CAUSE OF DEATH* was as follows:

Carcinoma - Gastric

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) J. S. Harding M. D.
19 (Address) 4810 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Gods Redeemer Cem DATE OF BURIAL, Jan 17, 1931

20-UNDERTAKER. L. G. Zeiler ADDRESS 403 S Wolfe St

Spec.—1-30—M. & T.—250 Bks.

E 64213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64213

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH Balto City Hosp.

CITY OF BALTIMORE: (NO. Balto Md ST. 76-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Yeager

(a) RESIDENCE NO. 346 S Newkirk St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Yeager

6 DATE OF BIRTH (month, day, and year) May 15 1861

7 AGE 69 Years ~~70 yrs?~~ Months 6 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Matthias Liebl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary Unknown

12 MAIDEN NAME OF MOTHER Anna Macher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary Unknown

14 Informant Leonard Yeager
(Address) Balt City Hosp

15 Filed ..... 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12/31

17 I HEREBY CERTIFY, That I attended deceased from 1-5- 1931, to 1-12- 1931, that I last saw her alive on 1-12- 1931, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Goldman M. D.

..... 19 31 (Address) Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gall. Laurel Cemetery

DATE OF BURIAL Jan. 15 1931

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks.

E 64214 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64214

CERTIFICATE OF DEATH.

REGISTERED NO. 31-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Ridgecroft Rd ST. 27 WARD)

2-FULL NAME Margaret Keller

(a) RESIDENCE No. 4004 Ridgecroft Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Keller

6 DATE OF BIRTH (month, day, and year) April 25-1847

7 AGE: Years 83 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Jacob H. Fentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Forrester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant B. J. Russell
(Address) 4004 Ridgecroft Rd

15 Filed 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1930 to Jan 11, 1931, that I last saw h. alive on Jan 9th 1931 and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. B. Silverhardt, M. D.

(Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lindenwald — DATE OF BURIAL 1/14/31

20 UNDERTAKER J. B. Wippert — ADDRESS 1850 N. Balto St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-001

E 64215

CERTIFICATE OF DEATH.

E 64215

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mondell Inst ST. 11-24 WARD)

2-FULL NAME James Thomas

(a) RESIDENCE No. 1309 Druid Hill Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Thomas

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 55 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm Thomas
(Address) 1309 Druid Hill Ave

15 Filed _____, 19 _____ HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-31

17 I HEREBY CERTIFY, That I attended deceased from 9-30, 1930, to 1-10, 1931, that I last saw him alive on 1-10, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Inguinal Hernia
Peritonitis

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Cardiac Hem

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 1-6-31

Was there an autopsy? no

What test confirmed diagnosis? Blood

(Signed) B Harris M. D.

1-11, 1931 (Address) Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 1-13, 1931

20 UNDERTAKER: Samuel Hemsley — ADDRESS: 570 N Eutaw

Spec.—1-30—M. & T.—250 Bks

E 64216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓

REGISTERED NO. E 64216

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 1-2 WARD)

2-FULL NAME Stephen Pastore

(a) RESIDENCE NO. 3102 Fleet ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rose Pastore

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement finisher

(b) General nature of industry, business, or establishment in which employed (or employer) 683

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Celestino Pastore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmile Natalie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-31

17 I HEREBY CERTIFY, That I attended deceased from 1-7-31, 19..., to 1-12-31, 19..., that I last saw him alive on 1-12-31, 19..., and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis
Chronic myocarditis and chronic nephritis with terminal uremia
Unknown (duration) ..... yrs. mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia (duration) ..... yrs. ..... mos. 25 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred M. Dunbar, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL Jan 16 1931

20 UNDERTAKER John Welch — ADDRESS 2008 Orleans

E. HARPER JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

244 E 64217

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64217

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-12 WARD)

2-FULL NAME Elizabeth Evans

(a) RESIDENCE No. 2322 E Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John A Evans

6 DATE OF BIRTH (month, day, and year) Aug 5-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records
(Address)

15 Filed ....., 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 12, 1931, that I last saw her alive on Jan 12, 1931, and that death occurred, on the date stated above, at 2 45 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Cardiac Hypertrophy
(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Walter R. Myers, M. D.

1/12, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Jan 16, 1931

20 UNDERTAKER John Ullrich

ADDRESS 508 Allison

Spec.—9-30—A. & Co.—250 Bks.

E 64218

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

REGISTERED NO. E 64218

1. PLACE OF DEATH Baltimore City Hospitals 21-30 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... WARD ..... (If non-resident give city or town and State)

2. FULL NAME Eli Mack

(a) RESIDENCE No. 649 Bankert Lane (Usual place of abode)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Eli Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mechantchen Eli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Record of (Address) Balto. City Hosp.

15 Filed JAN 14 1931 19 ..... HARRY JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-31

17 I HEREBY CERTIFY, That I attended deceased from 1-5-31, 19..., to 1-11-31, 19... that I last saw him alive on 1-11-31, 19... and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? 0 Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Pudget M. D.

1-12 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 7, 19 31

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 3227 Schroeder St.

Spec.—1-30—M. & T.—250 Bks.

E 64219

HEALTH DEPARTMENT—CITY OF BALTIMORE

93003

E 64219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 10-14 WARD)

2-FULL NAME Frederick Harding

(a) RESIDENCE No. 1028 N. Carlton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Elizabeth Linvall
(Address) Leeds Ave

15 Filed JAN 14 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-31

17 I HEREBY CERTIFY, That I attended deceased from 1-8-31, 19.., to 1-12-31, 19.., that I last saw him alive on 1-12-31, 19.., and that death occurred, on the date stated above, at 3.40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ....yrs. ....mos 4 ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) Lawrence M. Sapora, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem — DATE OF BURIAL Jan 15 1931

20 UNDERTAKER Harry Holtzke — ADDRESS Edmondson Ave

Cor.—11-9-25—A Co.—200 Bks.

E 64220

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 ✓ E 64220

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5402 Pembroke Ave. St., 27-43 Ward

2-FULL NAME Harry Pierce

(a) RESIDENCE NO. 5402 Pembroke Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances L. Pierce

6 DATE OF BIRTH (month, day, and year) Mar. 24, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) Philadelphia,

(State or country) Pa.

PARENTS

10 NAME OF FATHER Charles Pierce

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Jobe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Mrs. Myrtle E. Murphy

(Address) 5402 Pembroke Ave.

15 Filed 1931 C. HUMSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Pistol Shot thru mouth. Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) John Ralph (Coroner) M. D.

Jan 15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL OAKLAWN Date of Burial JAN 16 1931

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64221

E 64221

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 E. Madison ST., 7-13 (WARD)

2-FULL NAME Oscar L. White

(a) RESIDENCE No. 1705 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rebecca White

6 DATE OF BIRTH (month, day, and year) May 7, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) O'N

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middle Fork Co Va

PARENTS

10 NAME OF FATHER Thomas White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie Brown
(Address) 1705 E. Madison St.

15 JAN 14 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-31

17 I HEREBY CERTIFY, That I attended deceased from 1-3-, 1931, to 1-10-, 1931, that I last saw him alive on 1-9-, 1931, and that death occurred, on the date stated above, at 1,30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) ..... (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Mo. H. Carpin, M. D.

1-14-1931 (Address) 611-N. Carrol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary cemetery

DATE OF BURIAL Jan. 14 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Eutaw

1-30—M. & T.—100 B—50L

E 64222

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64222

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1927 N. PattersonPk ST. 4-18 WARD)

2-FULL NAME John A. Huemmer

(a) RESIDENCE NO 1222 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Huemmer (Demek)

6 DATE OF BIRTH (month, day, and year) Aug 8/1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) 07
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Adam Huemmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Huemmer
(Address) 1222 E. Preston St

15 Filed N 14 1931 1932 C. Harrison Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Reported Hypertension
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Oates, M. D. Coroner

Jan 13/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 1/15/31 19

20 UNDERTAKER Geo. J. Pulls Inc

ADDRESS 175 Hoffman

Spec.—9-30—A. & Co.—250 Bks.

64223

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 500 E 64223

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715-N. Streeper St. 11 WARD)

2-FULL NAME Anna Herbrich

(a) RESIDENCE No. 715-N. Streeper St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/2/1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Tailoring Shop.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. Herbrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Madeline Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Helen Koppen
(Address) 715 N. Streeper

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12, 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1930, to Jan 12, 1931 that I last saw her alive on Jan 11, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Insanition

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B. Lemmon M. D.

1/13/31 (Address) 918 W. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 1/14/31, 19

20 UNDERTAKER George J. Roth Inc

ADDRESS 1735 Harford

Spec.—9-30—A. & Co.—250 Bks.

E 64224 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64224

CERTIFICATE OF DEATH.

93-002

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Timothy Kennedy

(a) RESIDENCE No. none ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Kennedy

6 DATE OF BIRTH (month, day, and year) May 1, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Timothy Kennedy

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Doyle

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from 1-17-28, 19..., to 1-13-31, 19..., that I last saw him alive on 1-13-31, 19..., and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Pidgeon M. D.

1/13 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 1/15/1931.

20 UNDERTAKER John J. Cowan & Son ADDRESS 90 N. Holliday St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64225

121 NE 64225

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-68 (Ward))

2-FULL NAME Chas Franklin Smith

(a) RESIDENCE No. 1816 Braddish Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F.

6 DATE OF BIRTH (month, day, and year) Apr 20/70

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dispatcher 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways & Electric Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eleanor Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1937

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1931, to 1-13, 1931, that I last saw him alive on 1-13, 1931, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) ....yrs. ....mos 3 ds. 27 days

CONTRIBUTORY (Secondary) Peritonitis
Arteriosclerotic CV disease
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J Leyho, M. D.

1/13, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gorsuch Cemetery

DATE OF BURIAL Jan 16 1931

20 UNDERTAKER George J Smith

ADDRESS 1032 Hollins St

COLIN H. LIVINGSTONE, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64226

93-003 E 64226

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2732 E. Baltimore St. 6-10 Ward)

2-FULL NAME David W. Dempsey

(a) RESIDENCE NO. 2732 E. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mrs. Ida Dempsey

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1860.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bailif

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland.

PARENTS

10 NAME OF FATHER John Dempsey

11 BIRTHPLACE OF FATHER (city or town) Baltimore,

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Rae

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Ida Dempsey

(Address) 2732 E. Baltimore St.

15 Filed ..... 19 HARRY JONES, M.D. Registrar

JAN 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12, 1931. 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1930, to Jan. 12, 1931, that I last saw him alive on Jan. 12, 1931, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Broncho - pneumonia and Acute Myocarditis.

(duration) - yrs. - mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philibert Artegaw, M. D.

, 19 (Address) 2942 E. Fayette Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Jan 14 1931

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins St

very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64227

93-003

CERTIFICATE OF DEATH

E 64227

REGISTERED NO.

1-PLACE OF DEATH Aged Women's Home

City of BALTIMORE: (No. 1404 W Lexington St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M Elizabeth Lytle

(a) RESIDENCE NO. 1404 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1, 1848

7 AGE: Years 82 Months Days 3 13 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm B Lytle

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Frances Owens

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Martha Baker

(Address): 1404 W Lexington

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to Jan. 14, 1931 that I last saw her alive on Jan 13, 1931 and that death occurred, on the date stated above, at 6:40 A.M.

The CAUSE OF DEATH* was as follows:

Heart dilatation of L. Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B Jewell M. D.

19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

Date of Burial: Jan 15 1931

20 UNDERTAKER: George J Smith

ADDRESS: Hollins

Spec.—1-30—M. & T.—250 Bks.

64228

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 64228

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 12-19 WARD)

2-FULL NAME Baby Girl Wilensky

(a) RESIDENCE NO. 423 Putnam Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ..... Months ..... Days 21. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) ..... /

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER David Wilensky

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lancaster, Pa

12 MAIDEN NAME OF MOTHER Lena Fuller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Palestine

14 Informant Mrs. Lucra
(Address)

15 Filed JAN 13 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1930, to 1/13, 1931, that I last saw it alive on 1/13, 1931, and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. 1 wk ..... ds.

CONTRIBUTORY (Secondary) 7 mo. Premature baby

(duration) ..... yrs. ..... mos. 21 ..... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? Yes Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Meyer M. Bayless, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Ft. Carmel

DATE OF BURIAL: 1-14 1931

20 UNDERTAKER: Jacob Heine, 439 E Balto St

ADDRESS

HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64229

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4747 Park Heights Ave ST. 27-56 WARD)

2. FULL NAME George W Belt

(a) RESIDENCE No. 4747 Park Heights ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Dudley Belt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Cullison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Raymond Belt
(Address): 4747 Park Heights ave

15 Filed 1 4 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 12, 1931, that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 10.10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D Baker M. D.

1/13 1931 (Address) 4754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grace Cem. Balto Co

DATE OF BURIAL: Jan 15 1931

20 UNDERTAKER: Edw C Tipton

ADDRESS: Hampstead Md

Spec.—5-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64230

CERTIFICATE OF DEATH

108

E 64230

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Covington St. ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Kerl

(a) RESIDENCE NO. 1511 Covington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Kerl

6 DATE OF BIRTH (month, day, and year) Mar. 20 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	9	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Halto. Md.

PARENTS

10 NAME OF FATHER George Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Noneker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. George Kerl

(Address) 1511 Covington

15 Filed JAN 14 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1931

17 I HEREBY CERTIFY That I attended deceased from January 5, 1931, to January 11, 1931, that I last saw her alive on January 11, 1931 and that death occurred, on the date stated above, at 10.55 Pm.

The CAUSE OF DEATH* was as follows:

Right Lobar Pneumonia

Left Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. A. Barranco, M. D.

, 19 (Address) 436 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 1/14 1931

20 UNDERTAKER J. Few McCully

ADDRESS 130 E Fort

1-30—M. & T.—100 B—50L

E 64231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001 ✓ E 64231

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Stmr. Fairfax.

CITY OF BALTIMORE: (No. Pier No. 3 Pratt St. ST. 4-6 WARD)

2-FULL NAME Frederick R. Jutsum.

(a) RESIDENCE No 825 Flower City Park Rochester, N.Y. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred En route. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Jutsum.

6 DATE OF BIRTH (month, day, and year) October 20, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	24 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mrs. P. T. Riley. (daughter)

(Address) 3701 Copley Rd.

15 Filed ..... 19.. Registrar

JAN 14 1931 C. HARRY JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13, 1931. 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Organic disease of the Heart.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas M. Bernard, Coroner, M. D.

1/14/31 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rochester N.Y.

DATE OF BURIAL 1-14 1931

20 UNDERTAKER Bernard C. Hack

ADDRESS 1000 S. Paca St.

1-30—M. & T.—100 B—50L

E 64232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

E 64232

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 14-27 WARD

2-FULL NAME William Stevenson.(C)

(a) RESIDENCE NO 238 N. Mount St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of ~~WIFE of~~ Annie Stevenson.(C)

6 DATE OF BIRTH (month, day, and year) October 25, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER William Stevenson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Lillian Brown.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Annie Stevenson.(C) wife.
(Address) 238 N. Mount St.

15 Filed ....., 192 .....

JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia.
Burns about face and body.
Accicental fall on a stove.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 238 N. Mount St.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Bernhardt, M. D. Coroner

1/12/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va — DATE OF BURIAL Jan 15 1931

20 UNDERTAKER Joseph A Lively — ADDRESS 409 N Mount St

Spec.—9 30—A. & Co.—250 Bks

E 64233 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64233

CERTIFICATE OF DEATH.

51-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. 3-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Thompson

(a) RESIDENCE NO. 808 E. Pratt ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Orderly
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Willima H. Thompson
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.
12 MAIDEN NAME OF MOTHER Mary Devalingin
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed JAN 14 1931 RAMSAY Jones W. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from 11-7-30, 19..., to 1-13-31, 19...
that I last saw him alive on 1-13-31, 19...
and that death occurred, on the date stated above, at 11:55A m.
The CAUSE OF DEATH* was as follows:

Carcinoma of prostate more than (duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Bronchio pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) Paul Padget M. D.
1-14 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 1/14/1931
20 UNDERTAKER John J. Fahey Sons — ADDRESS 1318 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 64234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64234

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Merrymount Road ST 27-53 WARD)
Roland Park

2-FULL NAME Sallie Powell Turner.

(a) RESIDENCE No. 12 Merrymount Rd. Roland Park. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Frank Turner.

6 DATE OF BIRTH (month, day, and year): Dec. 23, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Easton, Md.

PARENTS

10 NAME OF FATHER: Henry Powell Hopkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Easton, Md.

12 MAIDEN NAME OF MOTHER: Alexine Jump.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Mrs. John N. Mackall
(Address) 12 Merrymount Rd. Roland Park

15 Filed JAN 14 1931, 19.. O. HARRISON JONES AKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2 1931, to Jan 13 1931, that I last saw her alive on Jan 12 1931, and that death occurred, on the date stated above, at 11.10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Causing Right Hemiplegia
& due to Cerebral Arterio-Sclerosis

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Infirm Arterio Sclerosis
(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Brell M. D.

1/14 1931 (Address) 5. Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton, Md.

DATE OF BURIAL: Jan 15 1931

20 UNDERTAKER: Henry W. Muss and Son

ADDRESS: 805 N. Calvert St.

FROM a very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64235

E 64235

CERTIFICATE OF DEATH

119

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Wolfe St. ST., 2-4 WARD)

2—FULL NAME Edward Czyryca

(a) RESIDENCE NO. 302 S. Wolfe St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13, 1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Czyryca

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Zofia Sabotowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Czyryca
(Address) 302 S. Wolfe St.

15 Filed Jan 4 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1931, to Jan. 14, 1931, that I last saw him alive on Jan. 14, 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Entero-Colitis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(Signed) John V. Bezilichi, M. D.

(Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Jan. 15 1931

20 UNDERTAKER F. W. Bazewski

ADDRESS 1930 Eastern Ave

Spec.—1-30—M. & T.—250 Bks.

E 64236 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64236

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 24-35 WARD)

2-FULL NAME Betty Baldwin

(a) RESIDENCE No. 1434 East Fort Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 3, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	0	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Harry Baldwin

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Viola Gostel

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md.

14 Informant Mrs. V. Baldwin
(Address) 1434 E. Fort Av.

15 Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931, to Jan 13, 1931, that I last saw her alive on Jan 13, 1931, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 0 yrs. 0 mos 13 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? 1434 E. Fort Av

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Peter Meranski, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cemetery	Jan 14 1931

20 UNDERTAKER J. A. Krause & Son ADDRESS 703 Hanover St

Spec.—1-30—M. & T.—250 Bks.

E 64237

HEALTH DEPARTMENT—CITY OF BALTIMORE

125-E 64237

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 E. Lafayette Ave. ST. 8-17 WARD)

2-FULL NAME George Wallace Brannan

(a) RESIDENCE NO. L708 E. Lafayette Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Brannan

6 DATE OF BIRTH (month, day and year) April 5th. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) ob
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Castle Del.

PARENTS
10 NAME OF FATHER James Brannan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.
12 MAIDEN NAME OF MOTHER Abigale Neuolin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Goerge H. Brannan
(Address) 1708 E. Lafayette Ave.

15 Filed Jan 14 1931, 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1930, to Jan 13, 1931, that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) L. W. Kourey, M. D.

19 (Address) 1812 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lombardy Cem. Wilmington Del — DATE OF BURIAL 1/15 1931

20 UNDERTAKER Harry T. Evans & Son — ADDRESS 118 W. Mt Royal Ave

Spec.—1-30—M. & T.—250 Bks

(Trainor)

E 64238

E 64238

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jenkins Memorial Hosp. REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 610 WARD)

2-FULL NAME Mrs Anna Trainor.

(a) RESIDENCE NO. 105 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
About 52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Patrick Trainor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Susan McMahon

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Edward Trainor
(Address) 105 N. Chester St.

Filed JAN 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 - 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Jan 12, 1931, that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at 6¹⁰ P.m.

The CAUSE OF DEATH* was as follows:
Myocardial Failure.

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardio Renal Vascular Disease Rt Hemiplegia
(duration) 3 yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Nicholas H. Bonello M. D.

, 19 (Address) The Lyne Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1/15 1931

20 UNDERTAKER E. J. Fanning Inc. 1938 E. Lafayette Ave.

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 64239 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64239

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2481 Druid Hill Ave St. 13-59 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamina Rice

(a) RESIDENCE No. 2481 Druid Hill Ave St. WARD Calvert Co Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Daniel Rice

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 71 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert County Md.

PARENTS

10 NAME OF FATHER: Benjamin Howe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER: Lucy Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

14 Informant: Daughter
(Address): 2481 Druid Hill

15 Filed JAN 14 1931 19 .....

C. HARRISON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1930, to Jan 12, 1931, that I last saw her alive on Jan 12, 1931, and that death occurred, on the date stated above, at 10:04 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation (Hypertension)

(duration) ....yrs. 5 mos ....ds.

CONTRIBUTORY (Secondary): unknown if any

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab.

(Signed) George McDonald M. D.

, 19 (Address) 900 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvert Co Brooks Cem Md

DATE OF BURIAL: 1-15-31

20 UNDERTAKER: Dennis Carlin

ADDRESS: 516 Pine

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64240

85 E 64240

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4925 Denmore ave ST. 27-26 WARD)

2-FULL NAME Catherine M Wertz

(a) **RESIDENCE** No 4925 Denmore ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/16/1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	46	5	27 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) old
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John Wertz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Josephine Grender

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lavinia Wertz
(Address) 4925 Denmore ave

15
Filed ..... 192 ..... Registrar

G. HAMILTON JONES, M. D.
4 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral hem

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cholelithiasis
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Thomas, M. D.
Coroner
1/14, 19 31 (Address) 1632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/15 1931

ADDRESS 1136 Poplar Grove st

20 UNDERTAKER H C Bowman & Son

1-30—M. & T.—100 B—50L

E 64241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 64241

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Unity Court ST. 10-14 WARD)

2-FULL NAME Charles Mack Thompson

(a) RESIDENCE NO 807 Unity Court ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 100
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Isabelle Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Henry Thompson
(Address) 807 Unity Court

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

Jan. 19 13/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NS HOPKINS HOSPITAL

DATE OF BURIAL JAN 14 1931 19

20 UNDERTAKER Commissioner Health

ADDRESS

G. HAMPSON JONES, M.

4 1931 53365

Spec.—1-30—M. & T.—250 Bks.

244158

E 64242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64242

CERTIFICATE OF DEATH.

172-00

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST. 3-4 WARD)

2-FULL NAME James Whigton

(a) RESIDENCE NO. 110 So. Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27, 1887

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor job

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Whigton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 14 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 6 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan. 6, 1931, that I last saw him alive on Jan. 6, 1931, and that death occurred, on the date stated above, at 7.35 P.m.

The CAUSE OF DEATH* was as follows:

Volvulus

(duration) X yrs. X mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) X yrs. X mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of [redacted] 1-5-31

Was there an autopsy?

What test confirmed diagnosis? - operation -

(Signed) Conrad Acton M.D., M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 14 1931

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

JAN 14 1931

J. C. HAMPSON, JOHN M. ... Commissioner Health.

NOH

Spec.—1-30—M. & T.—250 Bks.

3W4347 E 64243

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 64243

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 06-37 WARD)

2-FULL NAME Baby Boy Briley

(a) RESIDENCE NO. 417 S. Conkling ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ..... Months ..... Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. Briley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa Sackley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 14 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-12-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan-12, 1931, that I last saw ~~him~~ alive on Jan 12, 1931, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore City Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? History and Physical Finding

(Signed) C. Goodwin, M. D.

1/15, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS JAN 14 1931

20 UNDERTAKER

Commissioner of Health.

1-30—M. & T.—100 B—50L

Dr. Blades Broadway Payette
Wolf 4020

E 64244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 64244

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Dillon ST. 16-37 WARD)

2-FULL NAME Mary E. Hodges

(a) RESIDENCE No 3616 Dillon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of George Hodges

6 DATE OF BIRTH (month, day, and year) Dec 18th 185[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	0	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant George McElwee
(Address) 3616 Dillon St

15 Filed ....., 192.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mental Disease
(duration) ..... yrs. ..... mos — ds.

CONTRIBUTORY (Secondary) Contusion
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 3616 Dillon

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? By History

(Signed) Chas G. Blades, M. D. Coroner

, 19 (Address) 143 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 1/15/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250/1931

Dr. Austin Robinson — Medical Arts Bldg 8018 — 8:30 to 9:30 a.m. 5:30 to 6 P.M. — at this E 64245 — Tues 2 P.M.

E 64245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64245

REGISTERED No. 12-5057

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Abell St. & Ward)

2. FULL NAME Elizabeth N. Huckel

(a) RESIDENCE No. 3221 Abel St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Philip G. Huckel

6 DATE OF BIRTH (month, day, and year) Aug 6th 1839

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Wesley Nesbitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ellen M. McColm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant G. P. N. Trenchard
(Address) 3221 Abell Ave

15 Filed Jan 14, 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 3, 1931

That I last saw her alive on Jan. 12, 1931

and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Arterio-sclerosis - ~~mod~~ Arthritis - ~~fair~~ bed fast - 2 yrs. (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) A. L. Robinson M. D.

June 1931 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 1/15/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AKH

Spec.—1-30—M. & T.—250 Bks.

E 64246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64246

CERTIFICATE OF DEATH.

11-00
12-51

1-PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin F. Langley

(a) RESIDENCE NO. 533 W. 27th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bessie Langley

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer ~~xxx~~ Tug "Aladdin"

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Dallas Langley

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Hammond

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

15 Filed 4 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 5, 19 31, to January 14 19 31, that I last saw him alive on January 13, 19 31, and that death occurred, on the date stated above, at 4:45 A. M.

The CAUSE OF DEATH* was as follows:

Purpra Simplex

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia, influenzal

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab. findings

(Signed) Gordon A. Abbott, M. D.

1/14 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 1/17 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul

1-20—M. & T.—100 B—50L Dr France 2939 Mc Elderry st Bridwy 1234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64247

E 64247

CERTIFICATE OF DEATH

208

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., ... WARD)

2-FULL NAME Conrad J. Schmidt

(a) RESIDENCE NO 1911 Fleet ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19th 188

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas J. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Vassing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Schmidt
(Address) 1911 Fleet st

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto he was driving collided with street car

(A) Fract Skull (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick Ave City Brunswick

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. France M. D. Coroner

1/13, 1931 (Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 1/16 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

JAN 14 1931 C. HAVERSON JONES, M. D.

Important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 64248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64248

131

CERTIFICATE OF DEATH.

REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Hawthorne Rd. ST.) (WARD)

2-FULL NAME Allan Hanson Miller

(a) RESIDENCE NO. 406 Hawthorne Rd. ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? 13 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): January-16-1917

7 AGE: Years 13 Months 11 Days 29 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School-Boy

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: R. Maurice Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Elsie Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

Informant: Mr. R. M. Miller (Father)

(Address): 406 Hawthorne Road

Filed Jan 14 1931 19 C. HAMPSON JONES, M.D. Registrar

TION is very i... ENTS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14, 31

17 I HEREBY CERTIFY, That I attended deceased from Several Years to Jan 14, 1931, that I last saw ~~him~~ alive on Jan 14, 1931, and that death occurred, on the date stated above, at 11-30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ~~since~~ yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan 16/31

20 UNDERTAKER: Stewart & Mann — ADDRESS: Balto.

Spec.—1-30—M. & T.—250 Bks

Ludunilla Louch.

E 64249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64249

46-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 North Glover ST. 7-12 WARD)

2-FULL NAME Ludunilla Louch

(a) RESIDENCE No. 820 North Glover st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Louch

6 DATE OF BIRTH (month, day, and year) June 24 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER James Jaresh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Marie Vrume

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant J. M. Vondracek

(Address) 627 N. Washington St

15 Filed JAN 15 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Jan 14, 1931, that I last saw h. alive on Jan 14, 1931, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Coronarosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Exhaust

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Thyrard M. D.

Jan 15 1931 (Address) 801 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak hill Cemetery

DATE OF BURIAL Jan 17 1931

20 UNDERTAKER August Pasch

ADDRESS 2406 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

E 64250 Good Shepherd General Hospital E 64250

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1572 Gilmor ST., 11-20 WARD)

2—FULL NAME Fannie Burbett Steward

(a) RESIDENCE NO. 731. N. Eutaw ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): M

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26-96

7 AGE: Years 34 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Richard Fauntelroy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Jennie P. Epps
(Address) 731. N. Eutaw St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from 12-8- 1931 to 1-13- 1931 that I last saw h e alive on 1-13- 1931 and that death occurred, on the date stated above, at 7:5P m.

The CAUSE OF DEATH* was as follows:
Peri-Appendicular Abscess
Pyo-Salpinx
Not Clear as to duration
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Exhaustion
(duration) 4 wk yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? yes Date of 1-13-31

Was there an autopsy? No

What test confirmed diagnosis? Laboratory +

(Signed) ..... M. D.

1-14. 1931 (Address) 1572 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: 1/17 1931

20 UNDERTAKER: Wm. H. Chase

ADDRESS: 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108 ✓

E 64251

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 64251

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Arsquith ST., 5-8 WARD)

2—FULL NAME Sarah Murray

(a) RESIDENCE NO. 205-07 Arsquith ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Murray

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE Years 76 Months ..... Days ..... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Reading Pa

PARENTS

10 NAME OF FATHER Wm. Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Ently

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Ruth M. Collett

(Address) 1201 Druid Hill Ave

15 Filed JAN 15 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jan 13, 1931, that I last saw her alive on Jan 13, 1931 and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Frank H. Flowers, M. D.

Jan 14, 1931 (Address) 712 S. Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL Jan 16 1931

20 UNDERTAKER Wm. H. Chase & Son — ADDRESS 638 N. Gilmor

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64252

108

CERTIFICATE OF DEATH.

E 64252

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 15-58 WARD)

2-FULL NAME Hyman LeBauer

(a) RESIDENCE No. 2602 Oswego Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs Jennie LeBauer

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired — Wd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

N 15 1931 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Jan 14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3+ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Geyer, M. D.

1/14, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Memory Park

DATE OF BURIAL 1-15-1931

20 UNDERTAKER Jack Levine

ADDRESS 1489 E Baltimore St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 64253

E 64253

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 W. North Ave., ST. 15-68 WARD)

2-FULL NAME Louis Halpert

(a) RESIDENCE NO. 2341 W. North Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bella Halpert

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Halpert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Chana —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Kaufman
(Address) 1439 E. Balto. St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1931, to Jan 14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. .... mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin, M. D.

, 19 (Address) 2306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaw Russdale

DATE OF BURIAL 1-15 1931

20 UNDERTAKER Jack Kenny, 1439 E. Balto. St.

ADDRESS

1931 HARRY JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64254 24 E 64254

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2301 N Calvert St 30 WARD)

2. FULL NAME Tom H Roberts

(a) RESIDENCE NO. 2301 N Calvert ST WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	4	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bulto

PARENTS

10 NAME OF FATHER George Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lola Bridges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lola Bridges
(Address) 2301 N Calvert

15 Filed ....., 19 .....

JAN 14 1931 H. Halsey Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Jan 14, 1931 that I last saw him alive on Jan 14, 1931 and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? N

Did an operation precede death? / Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture.

(Signed) C. K. Goldsborough M. D.

, 19 (Address) 1923 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Md — DATE OF BURIAL Jan 15 1931

20 UNDERTAKER M E Gosson — ADDRESS 847 N 37

TYPE is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64255

97 E 64255

CERTIFICATE OF DEATH.

REGISTERED No. 13-52
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Roland Ave. WARD)

2. FULL NAME Florence G. Barnes

(a) RESIDENCE No. 4107 Roland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Thos. Barnes

6 DATE OF BIRTH (month, day, and year) May 10 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Morris Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant M. Nelson Barnes
(Address) 4107 Roland Av

15 Filed JAN 15 1931 19 HENRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Jan 13, 1931 that I last saw he alive on Jan 13 - 1931 and that death occurred, on the date stated above, at 11 35 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation + Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/15, 1931 (Address) 846 W 36 St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Church | DATE OF BURIAL Jan 16 1931

20 UNDERTAKER A S Marshall | ADDRESS 3339 Gall Rd

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64256

CERTIFICATE OF DEATH

48

E 64256

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4017 Garrison Blvd. St. 9-17 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Theresa M Hartung

(a) RESIDENCE No. 1815 Harford Av St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Hartung

6 DATE OF BIRTH (month, day, and year) Aug 7 1880

7 AGE: Years 50 Months 5 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Henry Dorhauser
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Katherine ——
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm F Hartung
(Address): 1815 Harford Av

15 Filed JAN 15 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1930, to Jan 12, 1931 that I last saw her alive on Jan 12, 1931 and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma uterus

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1815 Harford Av

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

1/15, 1931 (Signed) Fritz J Kinzer M. D.
(Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Jan 16 1931

20 UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans St

HENRY JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64257

131 E 64257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 810 N. 36th St. ST., 13 WARD) 13-52

2-FULL NAME Guy R. Seagner

(a) RESIDENCE No. 810 N. 36th St. ST., 13 WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Oct. 19-1894

7 AGE: Years 36 | Months 2 | Days 23 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Seagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie E. Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. M. L. Knight
(Address) 810 N. 36th St.

15 Filed _____ 19 _____ Registrar

C. HARRISON JONES, M. D.
STATE'S HEALTH OFFICER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Jan 12, 1931, that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Cardio-Vascular-Renal Disease

Do not know

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) _____ (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) Oel Nicholson, M. D.

Jan 19, 31 (Address) 857 N 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: Jan. 15 1931

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

Spec—9-30—A. & Co.—250 Blks

64258

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-0025 64258

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 S. East Ave. St. 76-1 WARD)

2. FULL NAME Christina White

(a) RESIDENCE No. 1111 S. East Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur M. White

6 DATE OF BIRTH (month, day, and year) July 21-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Freedom, Pa.

PARENTS

10 NAME OF FATHER Noah S. Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Freedom, Pa.

12 MAIDEN NAME OF MOTHER Mary A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Arthur M. White
(Address) 1111 S. East Ave.

15 Filed, 1931, 19 ..... HERMAN L. JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 12, 1931, that I last saw her alive on Jan 12, 1931, and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma Gall Bladder

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 1-30

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. D. Freeman M. D.

1/13/31 (Address) 2913 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Jan 16 1931

20 UNDERTAKER George W. Birkler

ADDRESS 1737 E. Eager st

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64259

CERTIFICATE OF DEATH.

108 E 64259

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Ashland Ave 10-14 WARD)

2-FULL NAME John H. Allen

(a) RESIDENCE NO. 1203 Ashland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE: 37 Years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pokamoke city Md

PARENTS

10 NAME OF FATHER: John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Pearl Thompson
(Address) 1203 Ashland Ave.

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 13, 1931, that I last saw h alive on Jan 13, 1931, and that death occurred, on the date stated above, at 1 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Probably Lobar Pneumonia

(duration) 1 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) no [illegible], M. D.

1-13 1931 (Address) 508 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 1-16 1931

20 UNDERTAKER: Byron Wright

ADDRESS: 1218 McCulloh St.

Spec.—2-29-30—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 64260

CERTIFICATE OF DEATH

E 64260

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6151 N Eden ST. 10-4 WARD)

2—FULL NAME Rosa Gordon

(a) RESIDENCE NO. 6151 N Eden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colr

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thelan Gordon

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 58 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Thelan Gordon
(Address): 6151 N Eden

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Jan 13, 1931, that I last saw h. alive on Jan 12, 1931 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease
Acute dilitation
Infarct (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver
Indigestion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? /

(Signed) J. Edward Fisher, M. D.

1-14, 1931 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 1-16 1931

20 UNDERTAKER: Byrom & Wright

ADDRESS: 1218 Dne Elder 24

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64261 × 79-001 E 64261

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 11-30 WARD)

2-FULL NAME Marie L. Chairs

(a) RESIDENCE No. 609 Plymouth ST., Edmondson Ave Ten Mile WARD Balto Co, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas L. Chairs

6 DATE OF BIRTH (month, day, and year) Nov 9 1901

7 AGE: 29 Years 30 years; Months 2 3; Days 4; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Heyung

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Chas L. Chairs
(Address) 609 Plymouth Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 13, 1931, that I last saw h.. alive on Jan 13, 1931, and that death occurred, on the date stated above, at 7:40 P.m.

The CAUSE OF DEATH* was as follows:
Hypertension Cardio-vascular disease 30
Chronic meningo-encephalitis
Uraemia — 24a

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) George Yager, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery DATE OF BURIAL: Jan 16 1931

20 UNDERTAKER: John W. Mitchell ADDRESS: 1900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

E 64262 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-001 E 64262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 York Rd. ST. 9-47 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jane Boyd

(a) RESIDENCE NO. 3810 York Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Wm. L. Boyd

6 DATE OF BIRTH (month, day, and year) Dec 31-1857

7 AGE: Years 73 Months Days 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER John Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eugenia McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Irene Ruzer
(Address) 3810 York Rd.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1930, to Jan 14 1931, that I last saw her alive on Jan 13 1931, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

apoplexy
1 hr. 5 m. - 2 d - 2 d x.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gen. Arterio Sclerosis
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. A. Sigrist, M. D.

, 19 (Address) Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cemetery — DATE OF BURIAL Jan 16 1931

20 UNDERTAKER: Geo. O. Whitehill — ADDRESS 1905 Eutaw Place

FROM a very important ... see instructions on back

Cor.—10-10-29—A Co.—100 Bks.

E 64263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64263

CERTIFICATE OF DEATH

92-001

28-65

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 204 Goodwood Gardens (Ward) 28-65

2-FULL NAME Dr. Jay Howard Inglehart

(a) RESIDENCE No. 2510 Lucille Avenue Road Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Kinsey Inglehart

6 DATE OF BIRTH (month, day, and year) Dec 17 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55.		26.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) 054
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Howard Co Md

PARENTS

10 NAME OF FATHER John H Inglehart

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Harding

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Mrs Nancy K Inglehart
(Address) 2510 Lucille Avenue Road

15 Filed ....., 19.... Mc Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colonular Nephrosis 5 D.
Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

1/14/1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy

DATE OF BURIAL Jany 16 1931

20 UNDERTAKER John O. Mitchell & Son

ADDRESS 900 Eutaw Place

OF DEATH in plain terms, so that it may be properly classified. Last statement of cause of death important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64264 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Affaro

(a) RESIDENCE No. 2601 Conn. Ave ST., WARD Wash. D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Moran Affaro

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: Years 78 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salvador

PARENTS

10 NAME OF FATHER Monsir Affaro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salvador

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salvador

14 Informant Friends
(Address) C. Harrison Jones, M.D.

15 Filed 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-14-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan-14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 11 57 a. m.

The CAUSE OF DEATH* was as follows: Cholecystitis & cholelithiasis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) ~~Gonorrhea~~ Pyelitis

Acute (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Salvador

Did an operation precede death? Yes Date of Jan 10, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation & Clinical

(Signed) E. H. Campbell M. D.

, 19 (Address) Henry Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Cem. DATE OF BURIAL Jan 15, 1931

20 UNDERTAKER John B. Mitchell & Sons ADDRESS Place

1-30—M. & T.—100 B—50L

E 64265

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001

E 64265

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp ST. Y-16 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo F. Meyd

(a) RESIDENCE No 2206 Ellwood Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Meyd

6 DATE OF BIRTH (month, day, and year) Apr. 1-1882 uncertain

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Govt.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo A. Meyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Frances Hile

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Geo Nugent Meyd

(Address) 2206 E. Monument ave

..... 1 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an uncertain (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto he was driving collided with another on duty -

(A) Franklin (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hist Spun. Brad L. Clark

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Parson & Saratoga

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. J. Faine, M. D. Coroner

1-14, 1931 (Address) 29 Hum & Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 16 1931

20 UNDERTAKER Fred A. Kr[illegible] — ADDRESS 703 Ha[illegible]

very important See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

1128

HEALTH DEPARTMENT—CITY OF BALTIMORE

64266

E 64266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline ST., 17-48 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Belt

(a) RESIDENCE NO. 383 Evesham ST., ... WARD ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Late George W. Belt

6 DATE OF BIRTH (month, day, and year) Mar 25-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Daniel Rattenfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Lettman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George W. Belt

(Address) 383 Evesham ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-31

17 I HEREBY CERTIFY, That I attended deceased from 1-12-31, 19..., to 1-13-31, 19...,

that I last saw her alive on 1-13-31, 19...,

and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Disease

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? No Date of 1-12-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M B Kirstein M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL 1/16/1931

20 UNDERTAKER Geo Weber

ADDRESS 503 Edmondson

15 1931 C. HAMPSON JOHNS, M. D.

Cor.—10-10-29—A Co.—100 Bks.

E 64267

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 64267

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore: (No. 2214 Bank street St. 1-3 Ward)

2 FULL NAME Stanislaw Jankowski

(a) RESIDENCE NO. 2214 Bank street St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Bronislava Jankowski

6 DATE OF BIRTH (month, day, and year) October 25/1870

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
60	2	20	19

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Merton Street
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Bronislaya Jankowski
(Address) 2214 Bank Street

15 Filed 1 29, 19 31 J. HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14-1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, ~~and an~~ Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry I do find that said deceased came to his death
(Inquest, autopsy or inquiry)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted — If not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? No

What was confirmed diagnosis? By History

(Signed) A. C. Wade, M. D.

, 19 (Address) 143 McBride

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	Jan. 17 1931
20 UNDERTAKER	**ADDRESS**
George A. Weber	705 S. Amity

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64268

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 64268

CERTIFICATE OF DEATH

REGISTERED NO. 8-12

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 E. Preston ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia A. Edwards

(a) RESIDENCE NO. 2219 E. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles R. Edwards

6 DATE OF BIRTH (month, day, and year): Dec. 13, 1845

7 AGE: Years 85 | Months – | Days 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Lemuel Douglass

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sally Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mr. J. B. Edwards
(Address): 3014 Belmont Avenue

15 Filed JAN 15 1931 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1930, to Jan 12, 1931, that I last saw her alive on Jan 12, 1931 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Senility
Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? no Date of –

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Herman C. Vogt M.D., M. D.

1/13, 1931 Address) 5106 Harford Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan. 15 19 31

20 UNDERTAKER: J. B. Cook

ADDRESS: 1003 West Baltimore St.

STATE OF MARYLAND
CERTIFICATE OF DEATH

L 64269

Registration Dist. No. 5

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County

~~Village or~~ City Baltimore (No. 313 Otterbine St (Ward) 21-29)

2 FULL NAME Mary Parker Col. 50 yr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day), 1880 (Year)

7 AGE: 50 yrs. mos. ds.

If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): St. Mary's Count. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy J. Bowlle

(Address) 313 Otterbine St

15 Filed JAN 15 1931, 191 W. H. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 13 (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 13, 1931, that I last saw her alive on Jan 7, 1931, and that death occurred on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows: Cancer of Rt Breast

(Duration) 1 yrs. mos. 2 ds.

Contributory Secondary: General Metastasis

(Duration) yrs. mos. 2 ds.

(Signed) Nathan J. Davidson, M. D.

Jan 14, 1931 (Address) 3035 Odonnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Zion St

DATE OF BURIAL: Jan 15, 1931

20 UNDERTAKER: C. L. Brown Son

ADDRESS: 18 W. Monty

Important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Spec.—2-29-28—L. F. S.—500 Bks.

Lumpford

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 V

CERTIFICATE OF DEATH

E 64270

REGISTERED NO. 64270

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Maryland Penitentiary Hospital

CITY OF BALTIMORE: (No. ..... St. ..... WARD) .....

2—FULL NAME William Lumpford

(a) RESIDENCE NO. 702 Hanover St. WARD .....
(Usual place of abode) (If non-resident give city or town and State) .....

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Berdella Saunders

6 DATE OF BIRTH (month, day, and year) June 1, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER John Henry Lumpford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant Josephine Saunders
(Address) 702 Hanover St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1930 to January 11, 1931 that I last saw him alive on January 11, 1931 and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum Examination

(Signed) Chas W. Edwards M. D.

, 19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Jan 6 1931

20 UNDERTAKER W. L. Brown & Son

ADDRESS 1031 Monroe

JAN 16 1931 JAMES H. JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64271

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 64271

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Calhoun ST. 18-26 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Earl H. Keys

(a) RESIDENCE NO. 309 N. Calhoun ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10-1930

7 AGE: Years | Months 8 | Days 5 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Ernie Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Dorothy A Keys

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Dorothy Keys
(Address) 309 N. Calhoun

15 Filed JAN 15 1931 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 15, 1931, that I last saw he alive on Jan 15, 1931 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia 9 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hulehel, M. D.
1/15, 1931 (Address) 1525 Bend Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Anthony | DATE OF BURIAL: Jan 18 1931

20 UNDERTAKER: Wm. H. Case & Son | ADDRESS: 400 Mosher

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64272

108 E 64272

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1149 Mc Elderry St. 5-8 Ward)

2-FULL NAME George Black

(a) RESIDENCE NO. 1149 Mc Elderry St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C.

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Black

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 41; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): odd.
(c) Name of employer

9 BIRTHPLACE (city or town): Unknown
(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Unknown

14 Informant: Bertie Olsen
(Address): 6137 Central Ave

15 Filed JAN 15 1931, 19..... C. H. WESLEY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12/31 '92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. S. Rollins, M. D.

Jan 14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Jan. 15 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland Ave

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 64273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64273

CERTIFICATE OF DEATH

75

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH 784

City of Baltimore: (No. 746 E. 28th St., 9-46 Ward)

2-FULL NAME Edward Anderson

(a) RESIDENCE NO. 746 E. 28, St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 13, 1905

7 AGE: Years 26 | Months 11 | Days 29 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm. Harry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Julia Anderson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Julia Anderson
(Address): 784 E. 28, St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Jan. 15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest — DATE OF BURIAL: Jan 15, 1931

20 UNDERTAKER: Wm. R. G. Elliott — ADDRESS: 1720 Ashland Ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

64274 HEALTH DEPARTMENT—CITY OF BALTIMORE 64274

CERTIFICATE OF DEATH.

108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 N. Highland Ave ST. 16-11 WARD)

2. FULL NAME Mary Stansky

(a) RESIDENCE No. 539 N. Highland Ave ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Stansky

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Waleglos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Alfred Poyer 539 N. Highland Ave

15 Filed ..... 19 ..... Registrar: G. HAMPSON JONES, M. D. R.H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 31, 19..., to Jan 13 31, 19..., that I last saw her alive on Jan 13 31, 19..., and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia ..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation ..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Ryan M. D.

19 Jan 15 31 Address 802 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 16 1931

20 UNDERTAKER: Frank Cooch — ADDRESS: Jan 19 1931 Highland

51931

Spec.—1-30—M. & T.—250 Bks.

E 64275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64275

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. ..... 7-12 WARD)

2-FULL NAME Baby Boy Anthony R. Lorenzo

(a) RESIDENCE NO. 819 N. Collington Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Male	Infant

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12/29

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	1		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Albert Lorenzo

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Janet Hulibourde

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Albert Lorenzo
(Address) 819 N. Collington Ave

15 Filed JAN 15 1931 19 ..... C. HAMPSON JONES, M.D. Registrar By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/31

17 I HEREBY CERTIFY, That I attended deceased from 1/5, 1931, to 1/14, 1931, that I last saw him alive on 1/16, 1931, and that death occurred, on the date stated above, at 12.50 P.M.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Mongolism
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of 1/5/31

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dr. M. L. Levin, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 16 1931

20 UNDERTAKER Frank Grack Son — ADDRESS 1906 Eutaw St

Spec.—9-30—A. & Co.—250 Bks.

E 64276 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64276

CERTIFICATE OF DEATH.

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 E. Fayette St. 26-37 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Kippel

(a) RESIDENCE No. 3507 Loverton Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 51 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leopold

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): ooo

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: John Krause

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant: John Kalowich
(Address): 2023 Fayette St.

15. Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JAN 15 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Jan 14/31

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1930 to July 14, 1930 that I last saw her alive on " " " 19 and that death occurred, on the date stated above, at 3.30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary): Endocarditis

(duration) ..... yrs. ..... mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

Jan 15 1931 (Address) 806 N. Lemmon

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 17 1931

20. UNDERTAKER: Grant Crackson — ADDRESS: 1906 W. Baltimore

Spec.—8-16-29—L. F. S.—100 Bks.

Charles A. Easter

E 64277

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64277

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Barney St. ST. 23-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles A. Easter

(a) RESIDENCE NO. 4 W. Barney St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 2 mos. 10 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 4 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Molder 47

(b) General nature of industry, business, or establishment in which employed (or employer) Kennedy's Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Easter

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Hyson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mr. George Easter
(Address) 4 W. Barney St

15 Filed 1-15-1931 C. HAMPSON JONES, M. D. Registrar
By RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-1931

17 I HEREBY CERTIFY That I attended deceased from Dec. 24, 1930, to Jan. 14, 1931, that I last saw him alive on Jan. 14, 1931 and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. L. Campbell, M. D.

1/15, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/17 1931

20 UNDERTAKER J. Flew McCully

ADDRESS 130 E Fort

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64278

CERTIFICATE OF DEATH.

93-003 E 64278

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 523 Beaumont ave.

CITY OF BALTIMORE: (NO. ..... ST., 27-48 WARD)

2-FULL NAME Clarence Arnold Milburn

(a) RESIDENCE NO. 523 Beaumont ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25		7	14	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sun Paper Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Sun Paper

9 BIRTHPLACE (city or town) (State or country) Balto. md.

PARENTS

10 NAME OF FATHER Clarence Milburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys Co. md.

12 MAIDEN NAME OF MOTHER Roberta Bean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys Co.

14 Informant Mother Roberta Milburn
(Address) 523 Beaumont Ave

15 Filed 1 5 1931 ..... 19 .. G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Jan. 14, 1931, that I last saw him alive on Jan. 14, 1931, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Acute dilatation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Carl F. Benson, M. D.

19 (Address) 5111 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 1/16/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

...TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64279

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. President St. 16-23 ST. 6 WARD)

2-FULL NAME Mary Harman,

(a) RESIDENCE No. 624 Mosher ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Harman

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie Webster

(Address) 624 Mosher

15 Filed June 2 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) C. Hampson Jones, M. D. Coroner

June 14 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL June 18 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Ashland Ave

1-30—M. & T.—100 B—50L

E 64280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64280

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. ST. 14-20 WARD)

2-FULL NAME Lurley Alston.

(a) RESIDENCE No. Shadows Point ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baker Alston

6 DATE OF BIRTH (month, day, and year) 1891 July 10

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Baker Alston

(Address) Rockingham N. C.

15 Filed ..... 192 ..... Registrar

JAN 15 1931

C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or Inquiry.) thereon and ~~from~~ the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) Autopsy find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Aneurism of Aorta.

(duration) 2 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Leath, M. D. Coroner

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockingham N. C.

DATE OF BURIAL Jan 16 1931

20 UNDERTAKER Mrs. N. G. Elliott

ADDRESS 1725 Ashland Ave

Spec.—12-6-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64281

93-003 ✓ E 64281

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 669 Portland St. Ward 27-30)

2-FULL NAME Mary Meyer.

(a) RESIDENCE NO. 669 Portland St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Meyer.

6 DATE OF BIRTH (month, day, and year) May 31. 1854.

7 AGE Years 76 Months 7 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Herman Gayert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Elva Strings

(Address) 669 Portland St

C. HAMPSON JONES M. D.

15 Filed _____, 19 _____ Registrar

JAN 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14 1931

17 I HEREBY CERTIFY, THAT I attended deceased from Dec. 1-30, 19 30, to Jan. 14, 19 31, that I last saw her alive on January 13, 19 31, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 15 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed: W. C. Frielinger M.D. M. D.

1/14/31 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery Date of Burial 1/17/31 19

20 UNDERTAKER Geo Lembach ADDRESS Lexington St

Not important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 64282 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64282

CERTIFICATE OF DEATH.

87-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Andrea Street St. 24-35 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaus S. Stylc

(a) RESIDENCE No. 1341 Andrea Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marcyanna . Stylc

6 DATE OF BIRTH (month, day, and year) Feb. 14 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Gregory . Stylc

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine . Szewczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Marcyanna . Stylc
(Address) 1341 Andrea Street

15 Filed 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15-1931

17 I HEREBY CERTIFY, That I attended deceased from January 14, 1931, to January 15, 1931, that I last saw him alive on January 15, 1931, and that death occurred, on the date stated above, at 6 30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 2

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J. Walker Thomas, M. D.

Jan 15, 1931 (Address) 1328 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery

DATE OF BURIAL: Jan. 17 1931

20 UNDERTAKER: John M. Coldren

ADDRESS: 1114 Cheston

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64283

E 64283

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 Brewer ST., 17-24 (WARD)

2-FULL NAME Rachel Simms

(a) RESIDENCE No. 1124 Brewer ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. Simms

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE: Years 90 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edmonstown Md.

PARENTS

10 NAME OF FATHER Harry Garrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah Garrison
(Address) 618 Collett.

15 Filed JAN 5 1931 1932 C. HAMPSON JONES, M. D. Registrar
ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Morbidity

(Signed) H. E. Leach, M. D. Coroner

Jan 18 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/16 1930

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Preston St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64284

CERTIFICATE OF DEATH.

E 64284

93-003

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hos. St. 10-14 Ward)

2-FULL NAME Wm. Kane

(a) RESIDENCE NO. 820 Ashland Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Suburban ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Landonia Kane

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 38 Months Days IF LESS than 1 day ....hrs. or....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 640
(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER John Kane

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Cator

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Eli Kane
(Address) English Avon Md.

15 Filed ....., 19 ..... ARH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocarditis-Decompensation

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Walter, M. D. (Coroner)

Jan 15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial Jan 16 1931

20 UNDERTAKER: Chas. H. Johnson ADDRESS 446 N. Carolina St.

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64285

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

E 64285

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Gus Arnau

(a) RESIDENCE NO. 1307 S. Clinton St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1887

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Tug Frances

9 BIRTHPLACE (city or town) Key West,
(State or country) Florida

PARENTS

10 NAME OF FATHER John B. Arnau

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Florida

12 MAIDEN NAME OF MOTHER Eugenia Brown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Georgia

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed 1 6 1931, 19 ..... G. HALDECK JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from December 6, 19 30, to January 14, 19 31, that I last saw him alive on January 14, 19 31, and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis, pulmonary, chronic
active

(duration) unknown yrs. mos ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Lab findings

(Signed) Gordon A. Abbott, M. D.

1/14, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden — DATE OF BURIAL Jan. 16, 19 30

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North Ave.

Gus
Rt.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64236

CERTIFICATE OF DEATH.

x 131 ✓ E 64236

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2105 Dukeland St., 15-60 Ward)

2-FULL NAME Virginia Davis Crockett

(a) RESIDENCE NO. 2105 Dukeland St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Capt Geo W. Crockett

6 DATE OF BIRTH (month, day, and year) 10 31 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	2	~~15~~ 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Accomack Co Va.

PARENTS

10 NAME OF FATHER Henry S Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Accomack Co Va

12 MAIDEN NAME OF MOTHER Leah Mapp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Accomack Co Va

14 Informant Mrs Luz Swalwin

(Address) 2105 Dukeland St

15 Filed ..... 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 1 14

17 I HEREBY CERTIFY, That I attended deceased from Feby 14, 1930, to Jany 14, 1931, that I last saw h. alive on Jan 14, 1931, and that death occurred, on the date stated above, at 9.05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 11 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Darlington, M. D.

1.15.1931 (Address) 2107 Mt Holly St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bell Haven Cem Va. Date of Burial Jan 17 1931

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS N Pa Ave.

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64237

107-001

E 64237

CERTIFICATE OF DEATH.

REGISTERED NO. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., ward)

2-FULL NAME Philip Jay Boileau

(a) RESIDENCE No. 2800 Oakley Ave St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	child

5a If married, widowed, or divorced HUSBAND of or) WIFE of child

6 DATE OF BIRTH (month, day, and year) Apr. 1-1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Walter K Boileau

11 BIRTHPLACE OF FATHER (city or town) Phila
(State or country) Penna

12 MAIDEN NAME OF MOTHER ~~Emma~~ Mattie Coughlan

13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) D.C.

14 Informant Mrs. Mattie Coughlen
(Address) 2800 Oakley Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to Jan 14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) - yrs. - mos 8 ds.

CONTRIBUTORY (Secondary) -

(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jesse S Fifer, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Jan. 16 1931

20 UNDERTAKER Wm J Pickney Sons — ADDRESS N Y Pa

19 1931 HERMAN JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167-E 64288

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 128 N. Calhoun St. 18-27 WARD)

2. FULL NAME Sarah Catherine Saunders

(a) RESIDENCE NO. 128 N. Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jos. Saunders

6 DATE OF BIRTH (month, day, and year) Feb. 3 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Vaughan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth B. Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Thos. Saunders
(Address) 128 N. Calhoun St.

15 Filed ....., 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Jan. 14, 1931 that I last saw her alive on Jan. 14, 1931 and that death occurred, on the date stated above, at 5.25 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Frank N. Ogden M. D.

..... 19 (Address) 2701 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. — DATE OF BURIAL Jan 16 1931

20 UNDERTAKER Wm. J. Huckner & Sons — ADDRESS North & Pa

Spec.—1-30—M. & T.—250 Bks.

E 64289

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-005 E 64289

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 27-48 WARD

2-FULL NAME Harry Wilson

(a) RESIDENCE No. 5106 Ivanhoe ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Annie D. Wilson

6 DATE OF BIRTH (month, day, and year) Feb. 6 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Offord, Pa.

PARENTS

10 NAME OF FATHER Charles F. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cabin Forge, Pa.

12 MAIDEN NAME OF MOTHER Laura M. Getzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Annie D. Wilson
(Address) 5106 Ivanhoe Ave

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

JAN 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan-14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 7 05 P.m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinomas of the liver

(duration) ..... yrs. 3½ mos ..... ds.

CONTRIBUTORY (Secondary) Cardio-vascular failure

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 1-13-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) W B Kinding M. D.

, 19 (Address) St Joseps Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 17 1931

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St

Spec.—1-30—M. & T.—250 Bks.

E 64290

HEALTH DEPARTMENT—CITY OF BALTIMORE

51-06

E 64290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St & Rutland ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Wm J. Harris

(a) RESIDENCE NO. 3705 - 5th St - ST., Brooklyn Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary O Harris

6 DATE OF BIRTH (month, day, and year) April 7 1884

7 AGE 47 Years, Months 9, Days 6, If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Crain Operator

(b) General nature of industry, business, or establishment in which employed (or employ Union Shipyard

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER Samuel Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jane Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary O Harris
(Address) 3705. Fifth st

15 Filed ....., 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13/31

17 I HEREBY CERTIFY, That I attended deceased from 1/13, 1931, to 1/13, 1931, that I last saw HIM alive on 1/13, 1931, and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

(duration) ...yrs. ...mos ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. E. Goodman, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rhinelander. Wis.

DATE OF BURIAL: Jan 17 1931

20 UNDERTAKER: John F Denny

ADDRESS: 715 Lig St St

Spec.—9 30—A. & Co.—250 Bks

E 64291

HEALTH DEPARTMENT—CITY OF BALTIMORE 64291

CERTIFICATE OF DEATH.

93-003

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 46-37 WARD)

2. FULL NAME Margaret J Madgerwick or Madgwick.

(a) RESIDENCE No. none St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Madgwick ~~unknown~~

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	6 5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William R. Tall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hester A. Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of B-lto. City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-31

17 I HEREBY CERTIFY, That I attended deceased from 9-19-25, 19..., to 1-14-31, 19..., that I last saw her alive on 1-14-31, 19..., and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? St. Louis S. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podget M. D.

1-14 19 31 (Address) B-lto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 16 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

C. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64292 HEALTH DEPARTMENT—CITY OF BALTIMORE 64292

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 46 E. Henrietta St. 22-33 WARD)

2 FULL NAME Richard T. Lawrence

(a) RESIDENCE NO. 46 E. Henrietta ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah C. Lawrence

6 DATE OF BIRTH (month, day, and year) Oct. 22. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Spedden ShipBuilding Co.

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Richard T. Lawrence

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bristol, England

12 MAIDEN NAME OF MOTHER Elizabeth Stalling

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Calvert Co., Md.

14 Informant Mrs. Hannah C. Lawrence
(Address) 46 E. Henrietta St.

15 Filed ....., 19 .... HUTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 1931, to 1/14, 1931

that I last saw him alive on 1/14, 1931

and that death occurred, on the date stated above, at 1.25p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
+ Arterio sclerosis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) David Drummond M. D.

1/15 19 31 (Address) 1111 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 17 19 31

20 UNDERTAKER John F. Denny — ADDRESS 115 Lafayette

Spec.—1 30—M. & T.—250 Bks.

E 64293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64293

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md. ST., 813 WARD)

2-FULL NAME Mary Johnson

(a) RESIDENCE No. 2027 E. Chase St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laurence Johnson

6 DATE OF BIRTH (month, day, and year) May 31/1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John McKeever

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records (Address) Balto City Depts.

15 Filed JAN 16 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-31

17 I HEREBY CERTIFY, That I attended deceased from 1-7-, 19 31, to 1-15, 19 31, that I last saw her alive on 1-14, 19 31, and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure
Terminal Bronchopneumonia
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Psychosis Somatic Disease (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Mary J. Hunter, M. D.

1/11, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL Jan 19, 19 31

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64294 93-003 E 64294

E 64294

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 96-37 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mollie (Margaret) Tyson

(a) RESIDENCE No. none St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) B'lto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Frank ?

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19..... Registrar

JAN 16 1931 H. McCLOUGHLIN, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-31

17 I HEREBY CERTIFY, That I attended deceased from 11-5-27, 19..., to 1-14-31, 19... that I last saw her alive on 1-14-31, 19... and that death occurred, on the date stated above, at 3:45 P.m.

The CAUSE OF DEATH* was as follows:

Embolism, pulmonary

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Phlebitis, left femoral vein (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

1-15-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 1/17/1931

20 UNDERTAKER Wm Cook — ADDRESS 217 S. Paul St

Form is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64295

59

CERTIFICATE OF DEATH.

REGISTERED NO. E 64295

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

58

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2. FULL NAME Nellie Russell

(a) RESIDENCE NO. 422 East St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W.

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charlestown
(State or country) W. Va.

PARENTS

10 NAME OF FATHER Roger Kennedy

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-31

17 I HEREBY CERTIFY, That I attended deceased from 10-16-30, 19..., to 1-15-31, 19... that I last saw her alive on 1-15-31, 19... and that death occurred, on the date stated above, at 10:20 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

More than (duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Septicemia (Non puerperal)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

1-15. 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1/17/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

FOR IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 64296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64296

CERTIFICATE OF DEATH.

106-001

14-20

1-PLACE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 743. W North. Ave ..... ST. ..... WARD

2-FULL NAME Eugenia Schmitt

(a) RESIDENCE No. 743. W North Ave ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late George Schmitt

6 DATE OF BIRTH (month, day, and year) Aug? 30 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Sorg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schelwerwalther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Adelaid . C Schmitt
(Address) 743 W North Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1929, to Jany. 14, 1931 that I last saw her alive on Jany. 14, 1931 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Senility

Living 2 yrs. ... mos. ... ds.
(duration)

CONTRIBUTORY (Secondary) Hiatus hernia

(duration) ... yrs. 10 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) E. A. Smith M. D.

1/16, 1931 (Address) 1606 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan. 17, 1931

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 403 S Wolfe St

FION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64297

HEALTH DEPARTMENT—CITY OF BALTIMORE

49-001 E 64297

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 S. Kenwood Ave. WARD) 1

2—FULL NAME Catherine Mooney

(a) RESIDENCE NO. 1205 S. Kenwood Ave. WARD 1
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of The late John E. Mooney

6 DATE OF BIRTH (month, day, and year) Feb. 7th 1841

7 AGE: Years 89 Months 11 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Timothy Deegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Couroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Phillip L. Mooney
(Address) 1205 S. Kenwood Ave

15 Filed ..... 19 C. HUNSON JONES, M. D. Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jan 13, 1931, that I last saw her alive on Jan 13, 1931 and that death occurred, on the date stated above, at 4 40 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Chronic nephritis
Possible Carcinoma stomach or Colon
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Joseph Tenney, M. D.

, 19 (Address) 800 N. Edwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Jan. 19th 1931

20 UNDERTAKER: Lilly + Zeller Inc

ADDRESS: 403 S. Wolfe

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 64298

REGISTERED NO. C

E 64298

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 245 N. Amity St. 18-26 St. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lydia Laura Booker

(Residence in Baltimore: No. 245 N. Amity St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: ?, 1 (Month) (Day) (Year)

7 AGE: 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): House work 639

9 BIRTHPLACE (State or country): Cincinnati Ohio

PARENTS

10 NAME OF FATHER: Chas. Coleman

11 BIRTHPLACE OF FATHER (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Irving L. Booker

(Address) 245 N. Amity St.

15. JAN 16 1931 H. HAMILTON JONES, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 14 (Day), 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1930, to Jan. 1931, that I saw her alive on Dec. 21, 1930, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Unk. yrs. mos. ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) Unk. yrs. mos. ds.

(Signed) J. Wm. Funck M.D.

Jan. 15, 1931 (Address) 1515 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Jan. 18, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS: 322 N. Schroeder St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64299

244407
Pea

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64299

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 1-9 WARD)

2-FULL NAME Baby (Girl) Smith

(a) RESIDENCE NO. New Arm Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/10/31

7 AGE Years | Months | Days 5 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Pa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hagel ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parent
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 16 1931, 19.. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-31

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1931, to 1-15, 1931, that I last saw h.e alive on 1-15, 1931, and that death occurred, on the date stated above, at 1:45 p.m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? ..... Date of ....

Was there an autopsy? Yes

What test confirmed diagnosis? ....

(Signed) R. Y. Warren, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork M. E. Cemetery | DATE OF BURIAL Jan 16 1931

20 UNDERTAKER Clarence E. Arthur | ADDRESS Fork Md.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64300

E 64300

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1331 Herkimer ST. 21-29 (WARD)

2-FULL NAME Clarence Joseph Tarbert

(a) RESIDENCE NO. 1331 Herkimer ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1930

7 AGE Years ..... Months 6 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Clarence H Tarbert

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Clarence H Tarbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Virginia Tarbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Clarence H Tarbert
(Address) 1331 Herkimer St

15 Filed JAN 16 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Jan. 16, 1931, that I last saw him alive on 1/15, 1931; and that death occurred, on the date stated above, at 2.35 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Sulphur Spring Rd.

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm A Stevens, M. D.

1/16, 1931 (Address) 1901 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druhale Cem Elkridge

DATE OF BURIAL 1-18 1931

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Baltimore

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64301

E 64301 CERTIFICATE OF DEATH.

K 49 +121

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Union Memorial ST. OR WARD)

2-FULL NAME Robert Knopp.

(a) RESIDENCE NO. Belair ST., Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel Knopp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Bedford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Samuel Knopp
(Address) Belair Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan. 16, 1931, that I last saw him alive on Jan. 16, 1931, and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH* was as follows:
Gangr appendicitis c̄ perforation

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Gen. peritonitis & obstruction of bowel (duration) ..... yrs. ..... mos. 10 ds. 3 or 4 days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 14, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Hist. & operation

(Signed) Jesse E. Fox M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Ignatius Cemetery DATE OF BURIAL Jan 18 1931

20 UNDERTAKER Dean & Dalton ADDRESS Belair Md

JAN 16 1931 HAMILTON JONES, M. D.

1-30—M. & T.—100 B—50L

E 64302

E 64302

108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Brewer ST. 17-24 WARD)

2-FULL NAME Clifton Bennett

(a) RESIDENCE NO 1133 Brewer ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced (write the word) Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6 DATE OF BIRTH (month, day, and year) Mar 8-1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Butts Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Bennett

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Hart

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Louisa Bennett
(Address) 1133 Brewer St

15

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Surgery (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

3
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgeon

(Signed) H. Leith, M. D.
Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount auburn Cemetery

DATE OF BURIAL Jan 17 1931

20 UNDERTAKER John H Owens

ADDRESS 338 Lafayette Ave

TION is very important. See instructions on back of certificate.

JAN 16 1931

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64303

46-005 E 64303

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 McCulloh ST. 4-30 WARD)

2—FULL NAME Raphalia Ford

(a) RESIDENCE NO. 1610 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 25.1903

7 AGE: Years 27 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: John Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: unknow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: mrs Hawkins
(Address) 1103 McCulloh St

15 Filed ..... 19 ..... Registrar

JAN 16 1931 Thomas F. Jones M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13 / 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 30, 19..., to Jan 13, 19 31, that I last saw h[illegible] alive on Jan 14, 19 31 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hafelfinger M. D.

1/13, 19 31 (Address) 1610 Fa[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cem	Jan 16 1931

20 UNDERTAKER	ADDRESS
Joseph A Lively	409 N Mount St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64304 23 E 64304

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... ST. 2331 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry Williams

(a) RESIDENCE NO. 1040 S. Sharp st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

040

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Williams

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed JAN 16 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1931

17
I HEREBY CERTIFY, That I attended deceased from Oct. 22, 19 30, to Jan. 14, 19 31
that I last saw him alive on Jan. 14, 19 31
and that death occurred, on the date stated above, at 8.05 p.m.

The CAUSE OF DEATH* was as follows:

Acute caseous pneumonia over

..... (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

1-14 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan. 17, 19 31

20 UNDERTAKER Carlage & Co. Inc. — ADDRESS 1021 N. Fulton

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

64305 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64305

117-001

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1533 E Fayette St. 5-9 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm Carter

(a) RESIDENCE No. 1533 E Fayette ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carter

6 DATE OF BIRTH (month, day, and year) Sept 2-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gen

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Ned Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sallie Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Mary Carter
(Address) 1533 E Fayette St

15 Filed 1 6 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Jan 16, 1931 that I last saw him alive on Jan 16, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Bernard Harris M. D.

1 16 1931 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlotte Co Va | DATE OF BURIAL 1/18/31

20 UNDERTAKER Robert Williams | ADDRESS 1516 McElderry

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64306

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001 E 64306

CERTIFICATE OF DEATH.

97-54

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Ken Oak Road, Mt. Washington Ward)

2-FULL NAME Margaret F. Kirby

(a) RESIDENCE No. 2408 Ken Oak Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. --- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Kirby

6 DATE OF BIRTH (month, day, and year) July 25, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Moses F. Carroll

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret McCormick

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Joseph B. Kirby
(Address) 2408 Ken Oak Road

15 Filed JAN 16 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 15, 1931, that I last saw h. alive on Jan 14, 1931, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Thrombosis
Acute Angina

(duration) ....yrs. ....mos. 2 days ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. G. Queen, M. D.

19 (Address) 3501 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/17 1931

20 UNDERTAKER Henry U. Mears and Son

ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64307

82-001

E 64307

CERTIFICATE OF DEATH

REGISTERED NO. 15-68

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 N. Pulaski ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary V. Morgenweck

(a) RESIDENCE NO. 2016 N. Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Wht	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Rich. L. Morgenweck

6 DATE OF BIRTH (month, day, and year) Oct 17th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Jno. E. Northcraft

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Connelly

13 BIRTHPLACE OF MOTHER (city or town) N
(State or country)

14 Informant Rich. L. Morgenweck
(Address) 2016 N. Pulaski St

15 Filed ..... 19 C. Emerson Jones, M. D. Registrar

61931 AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 14/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1930, to ~~Dec 18~~ 1931, that I last saw ~~he~~ alive on Jany. 14th 1931, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

High Pressure,
Hemr. of brain, apoplexy

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted ——
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. Smith, M. D.

1/14, 1931 (Address) 1606 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fair Cathedral

DATE OF BURIAL 1/17/1931

20 UNDERTAKER F. B. Wyglendt

ADDRESS 1301 Eastern Place

Spec.—1-30—M. & T.—250 Bks

E 64308 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64308

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 18-26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Pratt

(a) RESIDENCE No. 19 N. Schroeder ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	26			-

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Press Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Flora ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records of Balto. City Hosp.
(Address)

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

JAN 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-31

17 I HEREBY CERTIFY, That I attended deceased from 8-27-30, 19..., to 1-12-31, 19..., that I last saw him alive on 1-12-31, 19..., and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Tuberculosis left knee and
left shoulder joint.
(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 8-30-30

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam

(Signed) Fred M. Underwood, M. D.

, 19 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

JAN 16 1931

Spec.—1-30—M. & T.—250 Bks.

E 64309

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64309

CERTIFICATE OF DEATH.

108

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 33rd St & Calvert ST. 11-24 WARD)

2-FULL NAME Dr Hiram Woods.

(a) RESIDENCE NO. 842 Park ave ST., WARD Baltimore.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Mrs Hiram Woods.

6 DATE OF BIRTH (month, day, and year) Nov. 11 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Medical doctor.
(b) General nature of industry, business, or establishment in which employed (or employer) ——
(c) Name of employer ——

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Hiram Woods.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maine
12 MAIDEN NAME OF MOTHER Mrs Helen Chase
13 BIRTHPLACE OF MOTHER (city or town) Maine
(State or country)

14 Informant Hospital Records.
(Address)

15 Filed JAN 16 1931, 19 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Jan 15, 1931, that I last saw him alive on Jan 15, 1931, and that death occurred, on the date stated above, at 2.55 P.M.

The CAUSE OF DEATH* was as follows:
pneumonia - lobar.

(duration) ....yrs. ....mos 7 ds.

CONTRIBUTORY (Secondary) arteriosclerosis
(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ~~[illegible]~~ 842 Park ave.

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? bacteriology

(Signed) Samuel McLanahan, M. D.

Jan 15, 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Jan 17 1931

20 UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Richard McCollough

Spec.—9-30—A. & Co.—250 Bks

E 64310 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64310

CERTIFICATE OF DEATH. 46-005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Bolton St. 14-20 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George P. Tiffany

(a) RESIDENCE No. 1700 Bolton St. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Allen Tiffany

6 DATE OF BIRTH (month, day, and year): Jan 23, 1859

7 AGE: Years 71 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Geo P. Tiffany
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md
12 MAIDEN NAME OF MOTHER: Anne De Thorndike
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant: Herbert J. Tiffany
(Address) 132 W Lafayette Ave

15 Filed JAN 16 1931, 19 ..... C. Harold Jones, M. D. Registrar
NPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 15 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1930, to Jan 15, 1931 that I last saw him alive on Jan 15, 1931 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of liver
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Starvation
(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) V. E. Elliott M. D.
1/16 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Jany 17, 1931

20 UNDERTAKER: John O. Mitchell & Son — ADDRESS: 19 W. Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 64311 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64311

CERTIFICATE OF DEATH.

X 53-005

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital St. 25-72 WARD)

REGISTERED No: .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas M. Gray

(a) RESIDENCE No. 221 Bridge St New Cumberland, Pa ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edna.

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE 56 Years Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Thomas M. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Anna De Costa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs Edna Gray Pa.

(Address) 221 Bridge St. New Cumberland

15 Filed JAN 16 1931, 19 ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1931, to Jan 16, 1931, that I last saw h. alive on Jan 16, 1931, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Embolism —

Sarcoma of Soft Parts of Right thigh + Rt Lower Quad + Pelvis

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Embolism Cardiac

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 1/15/31

Was there an autopsy? yes

What test confirmed diagnosis? Operation, Autopsy

(Signed) Nicholas Dotonelli, M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cumberland DATE OF BURIAL Jan 17, 1931

20 UNDERTAKER A.S. Marshall ADDRESS 3539 Fall Rd

Spec.—1-12-23—M&T—500 Bks.

E 64312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64312

CERTIFICATE OF DEATH.

131

REGISTERED NO. 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 N. Fulton Ave ST. WARD)

2-FULL NAME Richard H. Daws

(a) RESIDENCE No. 1728 N. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice V. Daws.

6 DATE OF BIRTH (month, day, and year): June 8 1868

7 AGE: Years 62 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Building Contr.

(c) Name of employer: Wm. Daws

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Daws.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Yorkshire

12 MAIDEN NAME OF MOTHER: Harriet Bright.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs. Alice V. Daws (Address) 1728 N. Fulton Ave

15 Filed JAN 16 1931, 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1931

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1930, to Jan 16, 1931, that I last saw him alive on Jan 15, 1931, and that death occurred, on the date stated above, at 2:10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Mitral Regurgitation

Don't Know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. R. Russell, M. D.

16, 1931 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemt

DATE OF BURIAL: Jan 19 1931

20 UNDERTAKER: Dettman & Ore

ADDRESS: 723 Lafayette Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64313

CERTIFICATE OF DEATH

82-001 E 64313

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Gwynn Ave ST. 20-10 WARD)

2—FULL NAME Nora Joyce Purcell

(a) RESIDENCE NO. 433 Gwynn Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S., if foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 15 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	68	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none.

9 BIRTHPLACE (city or town) Galway County
(State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Purcell.

11 BIRTHPLACE OF FATHER (city or town) Kilkenny
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Winifred Joyce.

13 BIRTHPLACE OF MOTHER (city or town) Galway Co.
(State or country) Ireland.

14 Informant Theresa Purcell.
(Address) 433 Gwynn Ave.

15 Filed 7 1931 C. HAMPSON JONES M. D. Registrar
By ..... ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-1931

17 I HEREBY CERTIFY, That I attended deceased from 12-27- 1930, to 1-16- 1931, that I last saw her alive on 1-14- 1931 and that death occurred, on the date stated above, at 6:35 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) previous cerebral hemorrhage (duration) 8 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs.

(Signed) Chester Roland, M. D.

1-18-, 1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	1/19 1931
20 UNDERTAKER	**ADDRESS**
Mary A. Dawthrop	2039 Raynor

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

165 E 64314

E 64314

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail. ST. 1-3 WARD)

2-FULL NAME John Shalkowoski or Szalkowski.

(a) RESIDENCE NO 2729 Hudson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 18 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~husband or wife of~~ HUSBAND of (or WIFE of) Stella Shalkowoski.

6 DATE OF BIRTH (month, day, and year) October 25, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Joseph Shalkowoski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Carrie Bielak.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Stella Shalkowoski. (wife)
(Address) 2729 Hudson St.

15 Filed ..... 192.. J. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 15, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

suicide by hanging.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Geo. M. Reinhardt, Coroner, M. D.

1/16/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Nicholas Cem.	Jan 17 1931
20 UNDERTAKER	**ADDRESS**
Stephen J. Falkowski Sons	1000 E. Lenwood Ave

1-30—M. & T.—100 B—50L

E 64315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64315

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Wilmot St. (WARD) 17-24

2-FULL NAME Geo. Hilton

(a) RESIDENCE No. 1217 Wilmot ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Jamaica W. I.

PARENTS

10 NAME OF FATHER: James Hilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Jamaica

12 MAIDEN NAME OF MOTHER: Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jamaica

14 Informant: David E. Nugent

(Address): 1030 N. Stricker

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

..... (duration) ..... yrs. Sudden mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Th. A. Hirsch, M. D. Coroner

Jan 15 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 17 1931

20 UNDERTAKER: Sam'l N. Chase & Son

ADDRESS: 638 N. Gilmor

Spec.—1-30—M. & T.—250 Bks

ANNIE E. STEPHENS

E 64316

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64316

112

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 27-53 WARD

2-FULL NAME Mrs. Ann Stephens

(a) RESIDENCE No. 714 Colorado Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. - mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John L. Stephens

6 DATE OF BIRTH (month, day, and year) Dec. 22-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	70	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Grissom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John L. Stephens
(Address) 714 Colorado Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1929, to Jan. 15, 1931, that I last saw her alive on Jan. 15, 1931, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) None.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. B. Schneider, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill, Balto. Co.

DATE OF BURIAL Jan. 17, 1931.

20 UNDERTAKER Horace F. Burgee

ADDRESS 3131 Falls Road

JAN 17 1931 C. HAMPSON GRIFFITH, M. D.

Spec.—1-30—M. & T.—250 Bks.

244020

E 64317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64317

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 19-27 WARD)

2-FULL NAME William Matthews

(a) RESIDENCE No. 1626 W Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	S.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 2-1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catharine Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) .....

15 Filed 7 1931, 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 19 30, to Jan 15, 19 31, that I last saw him alive on Jan 15, 19 31, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. 3 wks mos. 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) R. O. Y. Warren, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Jan 16 19 31

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmor

Spec.—9-30—A. & Co.—250 Bks.

E 64318

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64318

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 - N. Eden St. ST. 17 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret McGann

(a) RESIDENCE NO. 1826 - E. North Ave ST., ... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J. McGann

6 DATE OF BIRTH (month, day, and year) 5-24-1895

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
35	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas. Rosenstiel

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Murphy

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md.

14 Informant Francis J. McGann (Address) 1826 E. North Ave.

15 Filed Jan 7, 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 14, 1931 that I last saw her alive on Jan 13, 1931 and that death occurred, on the date stated above, at 10 45 P.M. or

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests.

(Signed) Albert Simonton M. D.

Jan 15, 1931 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL 1/17/31.

20 UNDERTAKER George J. Pulliam ADDRESS 1135 Hollins

Spec.—9-30—A. & Co.—250 Bks.

E 64319 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64319

CERTIFICATE OF DEATH.

131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Riverside Ave (Street) 24 (Ward) 33

2. FULL NAME John E Jervis

(a) RESIDENCE No. 1104 Riverside Ave. (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine M Jervis

6 DATE OF BIRTH (month, day, and year): Nov 27 1867

7 AGE: Years 63 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Jervis

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Catherine M Jervis (Address) 508 E Barney St

15 Filed Jan 17 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1930, to Jan. 14, 1931, that I last saw him alive on Jan. 14, 1931, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) — yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. R. Campbell M. D.

1/15 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Jan 17 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-30—M. & T.—250 Bks

E 64320

E 64320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 892½ W Lombard ST. 18 WARD) 29

2-FULL NAME Edward G. Thacker

(a) RESIDENCE NO. 892½ W Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mixie Thacker

6 DATE OF BIRTH (month, day, and year) Aug 6th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68.	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) odd

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Elijah Thacker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs Charles Thacker
(Address) 892½ W Lombard St

15 Filed JAN 17 1931, 19 ..... Registrar ARS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/1931

17 I HEREBY CERTIFY, That I attended deceased from 1/12, 1931, to 1/15, 1931, that I last saw h... alive on 1/15, 1931, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma Prostate gl.
(clinical)

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Urinary Retention
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No (refused) Date of

Was there an autopsy? No

What test confirmed diagnosis? Digital Exam; Retention Catheterization

(Signed) Bernard J. Levy, M. D.

1/16, 1931 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park Cem

DATE OF BURIAL 1/17, 1931.

20 UNDERTAKER Chas J. Towers & Son.

ADDRESS 10 W Fayette St

HARRISON JONES, LTD.

Spec.—9-30—A. & Co.—250 Bks.

E 64321

E 64321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 122-002

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga St. 4-7 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Elizabeth Eppers

(a) RESIDENCE No. Marshallville Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Peter Eppers.

6 DATE OF BIRTH (month, day, and year) Sept. 1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
44	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Peter Eppers
(Address) Marshallville Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 16, 1931.

That I last saw h. alive on Jan 16, 1931

and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.
Pulmonary edema & Acute
Dilatation of Heart

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Paralytic Illness

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan 11/31

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Frank Kailer Morris M. D.

, 19 (Address) 1129 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn MD — DATE OF BURIAL 1/19/1931

20 UNDERTAKER Engel & Finley Falls & Fayette — ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

E 64322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-E 64322

REGISTERED NO. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1009 N. Bentalou St. 16-68 Ward)

2-FULL NAME Elmer Edwin Soper

(a) RESIDENCE NO. 1009 N. Bentalou St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred M. Soper

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1900

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	30	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Saul R. Soper

11 BIRTHPLACE OF FATHER (city or town) Elkridge
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Dietrich

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Elmer E. Soper
(Address) 1009 N. Bentalou St.

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Surgery (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion
(duration) ..... yrs. two hours mos. ..... ds.

CONTRIBUTORY (Secondary) Error of diet
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) [illegible] M. D.
Jan 16 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	Jan 19 1931
20 UNDERTAKER	**ADDRESS**
Wm Pickner Sons	North & Pa

Important. See instructions on back of certificate.

1931

Spec.—2-29-28—L. F. S.—500 Bks.

E 64323

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64323

CERTIFICATE OF DEATH

REGISTERED NO. 12-49

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital ST., WARD)

2—FULL NAME William Nelson Thomson

(a) RESIDENCE NO. 1 E. University Pkwy ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Thomson

6 DATE OF BIRTH (month, day, and year) May 13, 1859.

7 AGE: Years 71 Months 8 Days 3 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Edward H. Thomson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Record.
(Address)

Filed 1 7 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 12, 1931, to January 16, 1931, that I last saw h ~~im~~ alive on January 16, 1931 and that death occurred, on the date stated above at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Art. Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Robert T. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan. 19 1931

20 UNDERTAKER: Chas. E. Franck ADDRESS 801 Madison Ave

Spec.—1-30—M. & T.—250 Bks

E 64324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 64324

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S. Collington ST. 1-3 WARD)

2-FULL NAME Lydia P. Turner

(a) RESIDENCE No. 231 S. Collington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew H. Turner

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	not	known	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atglen, Penn.

PARENTS

10 NAME OF FATHER Richard Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Amanda Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Bessie T. Martirani
(Address) 231 S. Collington

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 - 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 -, 19 30, to Jan 16 -, 19 31, that I last saw her alive on Jan 16, 19 31, and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis Generalis (Senile)

(duration) 2 yrs. mos — ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank A. Brawer, M. D.

, 19 (Address) 125 W. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn

DATE OF BURIAL Jan. 19 1931

20 UNDERTAKER Fred R. A. Cole

ADDRESS 2 Gouldard

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64325

108

E 64325

CERTIFICATE OF DEATH

REGISTERED NO. 27-57

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 474 Park Heights ave ST. WARD

2—FULL NAME Hans Nicholas Sievert

(a) RESIDENCE NO. 474 Park Heights ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1844

7 AGE: Years 86 | Months – | Days 30 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Capt. Sievert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Mrs Boerner
(Address) 474 Park Heights Ave

15 Filed JAN 17 1931, 19 C. HAMILTON JOHNS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 2nd 1931, to January 16th 1931, that I last saw him alive on January 15th 1931, and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) – yrs. – mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(duration) – yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Bendelow, M. D.

, 19 (Address) Mayfield Ave. Halethorpe Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 17 1931

20 UNDERTAKER: F. Vernon Keehner

ADDRESS 1532 Hollins

Spec.—1-30—M. & T.—250 Bks.

E 64326

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64326

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 621 N. Carey ST. 16-23 (Ward)

2-FULL NAME Julia Jenkins Alexander

(a) RESIDENCE NO. 621 N Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Alexander

6 DATE OF BIRTH (month, day, and year) May. 10. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) — 031

(c) Name of employer —

9 BIRTHPLACE (city or town) Accomac Co
(State or country) Va

PARENTS

10 NAME OF FATHER Abram Smith

11 BIRTHPLACE OF FATHER (city or town) Accomac Co
(State or country) Va

12 MAIDEN NAME OF MOTHER Amy Smith

13 BIRTHPLACE OF MOTHER (city or town) Accomac Co
(State or country)

14 Informant Sadie Jenkins Turner
(Address) 621 N Carey St

15 Filed 1/7/1931 C. HAMPSON JONES, M. D. Registrar
By A.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 14. 1931

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1930, to Jany 14, 1931, that I last saw her alive on Jany 13, 1931, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvulitis
Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure
(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. F. Neville, M. D.

, 19 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cem	Jan 18 1931

20 UNDERTAKER Joseph A Lively ADDRESS 409 N Mount St

Spec.—1-30—M. & T.—250 Bks

E 64327 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64327

CERTIFICATE OF DEATH.

127

15-68

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Bentalou ST. ..... WARD)

2-FULL NAME Ella Kramer

(a) RESIDENCE No. 1818 Bentalou ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kramer

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rock Hall, Alexander
(State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Alexander

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Levy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Michael Kramer
(Address) 1818 Bentalou St.

15 Filed JAN 17 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 16, 1931.

17 I HEREBY CERTIFY, That I attended deceased from June, 1929, to Jan. 16, 1931, that I last saw he alive on Jan. 16, 1931, and that death occurred, on the date stated above, at ..... A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ..... yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cholecystitis; arthritis

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Isidor S. Fry, M. D.

Jan 31 1931 (Address) 2324 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 1/18/ 1931

20 UNDERTAKER Barrd Sondheim & Son

ADDRESS 902 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

E 64328

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64328

CERTIFICATE OF DEATH.

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Dorchester Rd ST., ... WARD)

2-FULL NAME Joseph Sonneborn

(a) RESIDENCE No. 4009 Dorchester Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Sonneborn

6 DATE OF BIRTH (month, day, and year) March 17/1836

7 AGE: Years 94 Months 9 Days 29 — If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Moses Sonneborn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Annie Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Isidore Sonneborn
(Address): 4009 Dorchester Rd

15 Filed ..... 19 ..... Registrar

7 1931 C. HAMPSON JONES, M. D.

NKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to Jan 16, 1931, that I last saw him alive on Jan 16th, 1931, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis fatalis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph E. Kelleher M. D.

Jan 16 1931 (Address) 3208 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md

DATE OF BURIAL: 1/18 1931

20 UNDERTAKER: Harry Sondheimer Son

ADDRESS: 1902 Eutaw Place

1-30—M. & T.—100 B—50L

Milton Green

HEALTH DEPARTMENT—CITY OF BALTIMORE

106 E 64329

E 64329

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. ST. 11-24 WARD)

2-FULL NAME Milton Green

(a) RESIDENCE NO 925 Druid Hill Av. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Willie Green

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Providence Hosp. Rec. Mother 925 Druid Hill

Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D. Coroner

Jan 4th, 19 (Address) Bromo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 17 1931

20 UNDERTAKER Commissioner Health

ADDRESS

JAN 7 1931 C. HAMPSON JONES, M. D.

THE MORGUE

1-30—M. & T.—100 B—50L

Harry Sanders

E 64330

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64330

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Provident Hosp ST. 5-9 WARD)

2-FULL NAME Harry Sanders

(a) RESIDENCE No 1212 Shall St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va "

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Noah Sanders

(Address)

15 Filed ..... 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date .....

Was there an autopsy? No autopsy

What test confirmed diagnosis? Regular

(Signed) H. Leland, M. D. Coroner

, 19 (Address) Bonn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JAN 17 1931

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
C. HANSON JONES, M.D.
Commissioner Health.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64331

93-001

E 64331

CERTIFICATE OF DEATH

REGISTERED NO. 19-27

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1402 Cairo ST. WARD)

2—FULL NAME John Gatch

(a) RESIDENCE NO. 1402 Cairo ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice V Gatch

6 DATE OF BIRTH (month, day, and year): Apr 1 1881

7 AGE: Years 49 | Months 9 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer: N.Y. Working Balto

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John L. Gatch

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Wife
(Address): 725 Pierce St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan 15, 1931 that I last saw him alive on Jan 14, 1931 and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows: Suppurative Encephalitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Acute myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic

(Signed) Luther R. Fuller, M. D.

19 (Address) 1409 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: NS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 17 1931

20 UNDERTAKER: Commissioner Health

ADDRESS

C. HAMPSON JONES, M. D.

7 1931

THE MORGUE

Cor.—10-10-29—A Co.—100 Bks.

E 64332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 64332

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospitals St. 7-13 Ward)

2-FULL NAME Charlie Chandler

(a) RESIDENCE NO. 1635 E Eager St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race C

5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Chandler

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years 48 Months ..... Days ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Mr. Chandler

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Maggie Chandler
(Address) 1635 E. Eager

15 Filed ..... 19..... C. HARRISON JONES, M. D., Registrar.

By ..... M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Sam Morrison, M. D.

1/12 1931 (Address) 1632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greg Griffith Cemetery

DATE OF BURIAL Jan. 12 1931

20 UNDERTAKER Edward Bryant

ADDRESS 1631 Orleans

Important. See instructions on back of certificate.

1/ 1931

Spec.—0-30—A. & Co.—250 Bks.

64333

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-0 E 64333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 S. Binney ST. 1-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna Szamski

(a) RESIDENCE NO. 918 S. Binney ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7/1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Beatrice Wisniewski
(Address) 918 S. Binney St.

15 Filed Jan 17, 1931 C. HAMPSON JONES, M. D. Registrar

17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16/1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to Jany 16, 1931 that I last saw her alive on Jany 16, 1931 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 4 mos. 26 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Caleb K. Athey M. D.

Jany 17, 1931 (Address) 100 E. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Jan. 19 1931

20 UNDERTAKER George A. Weber — ADDRESS 705 S. Ann St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64334

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002 E 64334

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Gen. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 15-61 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby (Male) Rodgers

(a) RESIDENCE NO. 2303 Porlyn Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/15/31

7 AGE: Years | Months | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER A Proctor Rogers

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jean Besley

13 BIRTHPLACE OF MOTHER (city or town) Vienna (State or country)

14 Informant Hospital Records

(Address)

15 Filed 1/17 1931 C. HOFFMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 17, 1931, that I last saw him alive on Jan 16, 1931 and that death occurred, on the date stated above, at 2:55 a.m.

The CAUSE OF DEATH* was as follows: Hemorrhage at base of brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Injuries at birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robert V. Chenoweth, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemy. | DATE OF BURIAL: Jan. 17 1931

20 UNDERTAKER: Chas. O. Mitchell & Sons | ADDRESS: 1900 Eutaw Place

1-30—M. & T.—100 B—50L

E 64335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 64335

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp or 16-22 WARD)

2-FULL NAME Michael Johnson

(a) RESIDENCE No 941 N. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Co

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Johnson

6 DATE OF BIRTH (month, day, and year) Dec 18-1878

7 AGE Years 52 Months 0 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cement work
(b) General nature of industry, business, or establishment in which employed (or employer) 083
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country) "

PARENTS

10 NAME OF FATHER Robt Johnson

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country) "

14 Informant Oakland Johnson
(Address) 941 N. Mount

15 Filed JAN 17 1931, 192 ..... Raymond Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) M. E. Smith, M. D. Coroner

..... 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowlers Wharf Va

DATE OF BURIAL 1-17 1931

20 UNDERTAKER Lamb Earlom

ADDRESS 916 Dulaney

Spec.—1-30—M. & T.—250 Bks.

E 64336

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 91-001

CERTIFICATE OF DEATH.

E 64336

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hospital ST., 9-17 WARD)

2-FULL NAME Mike Mitrus Dundalk Md

(a) RESIDENCE NO. 6816 Martinvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Helen S Mitrus

6 DATE OF BIRTH (month, day, and year) Nov 8 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Andy Mitrus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Palivoda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Helen Mitrus
(Address) 6816 Martinvale Dundalk Md

15 Filed ..... 19 ..... Registrar

N 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17. 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-22-31, 19..., to 1-17-31, 19...,

that I last saw him alive on 1-17-31, 19...,

and that death occurred, on the date stated above, at 2.25 A. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis

(duration) ....yrs. mos 2 ds. 1

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ....yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy findings

(Signed) Lawrence Leon M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thomas

DATE OF BURIAL 1/20 1931

20 UNDERTAKER J M Cook

ADDRESS 1217 E Pratt St

Spec.—1-30—M. & T.—250 Bks.

E 64337

E 64337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 53-001

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 4 (WARD) 30

2-FULL NAME Thelma Elliott

(a) RESIDENCE No. Broomes Island Calvert Co, Md. ST., _____ WARD _____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1st 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	4	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

PARENTS

10 NAME OF FATHER Edwin W. Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co, Md.

12 MAIDEN NAME OF MOTHER Martha A Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co, Md.

14 Informant Mr Edwin W Elliott (Address) Broomes Island Calvert Co Md

15 Filed JAN 18 1931 HAMILTON JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1931, to Jan. 17, 1931, that I last saw her alive on Jan 17, 1931, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows: Sarcoma of the left Kidney

(duration) _____ yrs. 2 mos _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Jan 14, 1931

Was there an autopsy? _____

What test confirmed diagnosis? Operation

(Signed) Wylie M. Farr, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broomes Isl. Calvert Co, Md.

DATE OF BURIAL 1/18/1931

20 UNDERTAKER John J Howard & Son.

ADDRESS 901 Lombard St

Cor.—10-10-29—A Co.—100 Bks.

Schempp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64338

CERTIFICATE OF DEATH

167

E 64338

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 7301 Park Heights ave. St. 70-69 Ward)

2-FULL NAME Emil Schempp

(a) RESIDENCE NO. 2526 Emerson St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) .....

7 AGE: Years: about 27 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: George M. Doeberiner

9 BIRTHPLACE (city or town) .....
(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Unknown

14 Informant: Ernest Schempp
(Address) 2727 Germantown Ave., Phila.

15 Filed ..... 1931 16 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun Shot wound through Head (Suicide)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John Monnesey, M. D.

1/17. 1931 (Address) 7832 Belair

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia, Penna.

DATE OF BURIAL: Jan. 18, 1931

20 UNDERTAKER: E. Leroy Stiffler, Inc.

ADDRESS: 1255 E. North Ave.

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64339 ✓ 212-002 E 64339

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. H-30 WARD)

2-FULL NAME Ellen Elizabeth Miller

(a) RESIDENCE No Albertson, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4-1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Spooler
(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Mill
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James R. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Ruby Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jas. R. Miller
(Address) Albertson Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Generalized peritonitis due to rupture of intestine, Accidental death (Over)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Albertson, Md

Did an operation precede death? Yes Date of 1-17-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wagner Zellers, M. D. Coroner

1/17, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Good Shepherd Cem DATE OF BURIAL 1-19 1931

20 UNDERTAKER Easton Sons ADDRESS Bluemont City

JAN 18 1931 E. HAMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 E 64340

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 11-24 WARD)

2-FULL NAME Chas. L. Nake

(a) RESIDENCE No. 12 W. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Florence E Nake

6 DATE OF BIRTH (month, day, and year) Oct 5, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	66	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ernest Nake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nalde

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George R Nake
(Address) 1726 E. Federal St

15 Filed ..... 19 ..... Registrar

JAN 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-31

17 I HEREBY CERTIFY, That I attended deceased from 1-14-31, 19..... to 1-17-31, 19.....,
that I last saw him alive on 1-17-31, 19.....,
and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Lawrence H. Serra, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 1-20 1931

20 UNDERTAKER Albert L. Hilt

ADDRESS 1606 N Chester St

Spec.—9-30—A. & Co.—250 Bks.

Dr F. K. Nichols 4018 Liberty Heights
Li 0372 ✓

E 64341

HEALTH DEPARTMENT—CITY OF BALTIMORE

64341

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Kosouth ST. 70-70 WARD)

2. FULL NAME John E. Zell

(a) RESIDENCE NO. 126 S. Kossuth ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Zell

6 DATE OF BIRTH (month, day, and year) July 31st 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Christopher Zell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Minnie Seybold
(Address) 126 S. Kossuth St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 8th, 19 31, to June 16, 19 31 that I last saw him alive on June 15, 19 31 and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:
Uremia - Subacute Nephritis with Arterial Changes Chronic Nephritis of 1 yr duration

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cerebral Vascular

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Leonard P. St. Sykes M.D.

, 19 (Address) 90 St. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/19/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L Coroner Frauer 2939 Mc Elderry St

E 64342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64342

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 St Paul ST. 11-15 WARD)

2-FULL NAME John Frederick Schmuck

(a) RESIDENCE NO 929 St Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22nd 1868

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer) 018
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER John Schmuck

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Amelia Ortman

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Barbara Schmuck
(Address) 929 St Paul St

15 Filed ..... 197 ..... Registrar

CORONER'S CERTIFICATE OF DEATH 1/16 1931

16 DATE OF DEATH (month, day, and year) 1-16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck & knocked down by moving auto while crossing street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fulton & Eager

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Frauer, M. D. Coroner

1/17, 1931 (Address) 29 39th & Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 1/19 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

JAN 16 1931 C. HARRISON JONES M. D.

1-30—M. & T.—100 B—50L

E 64343

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E001 64343

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 E. Cross St. ST. 24-33 WARD)

2-FULL NAME Edward B. Vickers.

(a) RESIDENCE No 130 E. Cross St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of or WIFE of Margaret Vickers.

6 DATE OF BIRTH (month, day, and year) March 1, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grain trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary C. Miles. (daughter)
(Address) 130 E. Cross St.

15 Filed ..... 192 ..... Registrar

JAN 16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas M. Reinhardt, Coroner, M. D.

1/17/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 1/19/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr. Fisher 1823 N. Washington St. Wed 5 PM

E 64344 N E 64344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 N. Washington St. 8-17 WARD)

2 FULL NAME Wilhelmina J. Kindervater

(a) RESIDENCE No. 2006 N. Washington ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. Kindervater

6 DATE OF BIRTH (month, day, and year) Feby 23rd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gustav Kühne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Raba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Chas. Kindervater
(Address) 2006 N. Washington St

15 Filed JAN 18 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 17, 1931

that I last saw her alive on Jan 17, 1931

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher M. D.

1/17 1931 (Address) 1823 N. Wash. St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/20/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

E 64345

Dr Campbell 1644 Hanover

E 64345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Warner St. 21-31 WARD)

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry J. Hensel

(a) RESIDENCE No. 1107 Warner ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 9. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Co
(c) Name of employer: Con. Con Co

9. BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10. NAME OF FATHER: John Hensel
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Margaret Browning
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant: Katie Hensel
(Address) 1107 Warner St

Filed JAN 16 1931 HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 15, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Jan 15, 1931 that I last saw him alive on Jan. 15, 1931 and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite
(duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. _____ mos. 2 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirm diagnosis? Clinical findings

(Signed) H. L. Campbell M. D.

1/17 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1/19 1931

20. UNDERTAKER: J. M. Cook

ADDRESS: 1214 Cool St

Cor.—10-10-29—A Co.—100 Bks.

E 64346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 64346

27-55

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 7301 Park Heights Ave. St., ... Ward)

2-FULL NAME Katherine Obermuller

(a) RESIDENCE NO. 7301 Park Heights Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? 5 yrs. mos. ds.

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 1900

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
30	2 3		

8 OCCUPATION OF DECEASED
(a) Trade, professinn or particular kind of work House maid
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Henry J. Goldsmith

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER John Obermuller

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie --------

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs Amelia Neill
(Address) 1904 Worrell Ave. Dundalk

15 Filed Jan 19 1931 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Brought on by
Bronchitis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

1/17/93 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Vinlent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL Jan. 19 1931

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 1258 E. North Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64347 92-001 E 64347

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 567 Roberts ST., 14-20 WARD)

2—FULL NAME Edw Robinson

(a) RESIDENCE NO. 567 Roberts ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Robinson

7 DATE OF BIRTH (month, day, and year) March 23, 1889

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto md.

10 NAME OF FATHER Ras Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

Informant Mary Robinson

(Address) 509 Baker St

Filed ..... 19 ..... Registrar

N TO 1931 HAMILTON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 / 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Jan 15, 1931, that I last saw him alive on Jan 14, 1931 and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) B. N. Halsey, M. D.

1/17, 1931 (Address) 1 W Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/18 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64348

34 - E 64348

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 3-4 WARD)

2-FULL NAME Dominic Cervoni

(a) RESIDENCE NO. 214 S. Bond ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.

(c) Name of employer City of Balto.

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Cervoni

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Francesco Nemi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... J. HOWARD JONES, M. D. Registrar

JAN 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-31

17 I HEREBY CERTIFY, That I attended deceased from 11-7-30, 19..., to 1-17-31, 19...

that I last saw him alive on 1-17-31, 19...

and that death occurred, on the date stated above, at 1:45 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis of the Central Nervous System; General Paresis (General paralysis of the insane) (duration) more than 5 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam; Wassermann.

(Signed) Paul Podgel M. D.

1-17. 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 19 1931

20 UNDERTAKER Frank V. Pifitone — ADDRESS 2818 E Balto st

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64349

131 E 64349

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1700 N. Fulton Ave ST. ..... 15-21 WARD)

2-FULL NAME Elsie Eskridge

(a) RESIDENCE NO. 1700 N. Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harris Eskridge

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel M. Gretel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Lust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Wm Eskridge Son
(Address) 817 Lake Avenue

15 Filed JAN 18 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1931, to Jan 16, 1931, that I last saw her alive on Jan 16, 1931, and that death occurred, on the date stated above, at 2 26 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) uremia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. urine. Blood chemistry

(Signed) Jacob Cohen, M. D.

1-17, 1931 (Address) 2235 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Wash Road — DATE OF BURIAL 1/18/31

20 UNDERTAKER Jack Levin 143 — ADDRESS E Baltimore

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64350

CERTIFICATE OF DEATH.

99-003 E 64350

1 PLACE OF DEATH Lennedale

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 41-54 WARD)

2 FULL NAME Mrs. Minnie Weinfeld

(a) RESIDENCE No. Belvedere & Greenspring Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 15 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER "
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Pandlau
(Address) Belvedere & Greenspring

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-31

17
I HEREBY CERTIFY, That I attended deceased from 3-10, 1930, to 1-18, 1931
That I last saw her alive on 1-17, 1931
and that death occurred, on the date stated above, at 6.30 A.M.
The CAUSE OF DEATH* was as follows:
Chr. card-vascular disease
(duration) 5 yrs. ..... mos. ..... ds.
CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. Edmundheim M. D.
, 19 (Address) Lennedale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 1-18-1931

20 UNDERTAKER: Jos. Lewis, 1439 E. Balto. St. — ADDRESS

Spec.—1-30—M. & T.—250 Bks.

244560
Name of person
E 64351

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-003 E 64351

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Edna C Shaw

(a) RESIDENCE No. 211 Leftwich N.C. ST., ... WARD Greensboro, N.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

~~(a)~~ If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13-1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Wm P. Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Nina Mangum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 17, 1931, that I last saw ~~her~~ alive on Jan 17, 1931, and that death occurred, on the date stated above, at 6^09 m.

The CAUSE OF DEATH* was as follows:
Brain Tumor. Left cerebral (malignant?)

(duration) ..... yrs. 5 mos ..... ds.

CONTRIBUTORY (Secondary) none
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death? Left cranio-tomy
Did an operation precede death? yes Date of 1-17-31
Was there an autopsy? yes.
What test confirmed diagnosis? operation
(Signed) Fred W Veit, M. D.
1/18, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N. C. Jan 18 1931 — DATE OF BURIAL

20 UNDERTAKER John E. Miller 435 E Oliver — ADDRESS

1-30—M. & T.—100 B—50L

E 64352

178-001 ✓ E 64352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Exeter St. ST. 5-8 WARD)

2-FULL NAME Salvatore Sala.

(a) RESIDENCE NO 302 N. Exeter St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 16 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Gertrude Sala.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Rose Sala (daughter)
(Address) 706 William St.

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental illuminating gas poisoning.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/17/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1/19/31 19

20 UNDERTAKER George J. Potts Inc.

ADDRESS 1735 Hoffman

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64353

107-001

CERTIFICATE OF DEATH.

E 64353

REGISTERED NO. 28-64

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. JOHNS HOPKINS HOSPITAL ST. ..... WARD .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice C. Johnson

(a) RESIDENCE No. 4402 Wentworth Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind

PARENTS

10 NAME OF FATHER Temple Colfax

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Marjory Hale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Records
(Address)

15 Filed JAN 18 1931 19 ..... RCK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18/31

17 I HEREBY CERTIFY, That I attended deceased from January 10, 1931, to January 18, 1931, that I last saw her alive on January 18, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted ?
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Walter R Myers, M. D.

1/18 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia Falls, Maine

DATE OF BURIAL Jan 19, 1931

20 UNDERTAKER John O. Mitchell & Son Mr Mitchell

ADDRESS Eutaw 1900 Eba

Spec.—1-30—M. & T.—250 Bks

E64354 HEALTH DEPARTMENT—CITY OF BALTIMORE E64354

CERTIFICATE OF DEATH.

83

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3710 Elm Ave ST., 13-52 WARD)

2-FULL NAME Elizabeth A Wheeler

(a) RESIDENCE NO. 3710 Elm Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Aquilla Wheeler

6 DATE OF BIRTH (month, day, and year) Dec 24 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
79			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James W. Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Moon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Valdivia
(Address) 3710 Elm Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Jan 17, 1931, that I last saw her alive on Jan 17, 1931, and that death occurred, on the date stated above, at 7 05 P. m.

The CAUSE OF DEATH* was as follows:

General Paresis

(duration) 1 yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Phys exam

(Signed) ....., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Chenowith & Son — ADDRESS 3615 Eastern Ave

N 19 1931 HAMPTON JONES, M. D.

1-30—M. & T.—100 B—50L

664355

E 64355

HEALTH DEPARTMENT—CITY OF BALTIMORE

180

E 64356

CERTIFICATE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST. 21-29 WARD)

2. FULL NAME Jack Hudson

(a) RESIDENCE No. 1149 Sargeant ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Lloyd Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lloyd E. Hudson

12 MAIDEN NAME OF MOTHER Lina

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant Mr Lloyd Hudson

(Address) 1149 Sargeant St

15 Filed 1931 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: (See)

Burned to death
House afire from gas

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. A. Brooke, M. D.
Coroner

1/15, 1931 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 1/19/31

20 UNDERTAKER L. V. Kechner

ADDRESS 1532 Hollins St

Spec.—1-30—M. & T.—250 Bks.

64356

E 64356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64356

107-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Oriar Hosp

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 14-70 ST., WARD)

2-FULL NAME Mrs. Rachel (Ray) Gundersheimer

(a) RESIDENCE No. 1700 Eutaw Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Herman Gundersheimer

6 DATE OF BIRTH (month, day, and year) May 19, 1869

7 AGE: Years 61 Months 7 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Seefold

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Rosa Weiler

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Seefold
(Address) Same

15 Filed 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Jan 17, 1931, that I last saw h. alive on Jan 17, 1931, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Confluent Bronchopneumonia (Pneumococcus type IV)

(duration) ..... yrs. ..... mos. 5 ds.?

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Milton B Kersh, M. D.

, 19 (Address) Oriar Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chevra Shalom — DATE OF BURIAL Jan 19 1931

20 UNDERTAKER Harry Gundersheimer & Son — ADDRESS 1702 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

E 64357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64357

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Roland Ave ST. 13-52 WARD)

2-FULL NAME Mary P Davis

(a) RESIDENCE NO. 3629 Roland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of George Davis

6 DATE OF BIRTH (month, day, and year) Dec 3 [illegible]

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
84	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary E Webb
(Address) 3629 Roland Ave

15 Filed JAN 19 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 17, 1931, that I last saw her alive on Jan 17, 1931, and that death occurred, on the date stated above, at 7 50 a.m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Hampden

DATE OF BURIAL Jan 1 1931

20 UNDERTAKER Chenowith Son

ADDRESS 3615 Eastern Ave

Spec.—1-30—M. & T.—250 Bks.

E 64358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 v

E 64358

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800.02 N Duncan ST., 8-17 WARD)

2-FULL NAME STANISLOW MARCINKEWICUS

(a) RESIDENCE No. 1800.02 N DUNCAN ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. # mos. ds. How long in U. S., if of foreign birth? 45 yrs. # mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year): No 1859

7 AGE 72 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No. old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER J. Marcinkewicus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Eva Brusokas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant T. Marcinkewicus
(Address) 1800.02 N Duncan St.

15 Filed JAN 19 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Janv. 17. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 17, 1931, that I last saw h. alive on Jan 10, 1931, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) F. E. Hunter, M. D.

Jan 19, 1931 (Address) 1301 N Pak Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Janv 21. 1931

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S Paca St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 604

E 64359

CERTIFICATE OF DEATH.

E 64359

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (NO. 1062 N. Broadway ST. ..... WARD) 70-69

2-FULL NAME Elizabeth Harcourt

(a) RESIDENCE NO. 2528 Calverton Heights Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M. B. Harcourt

6 DATE OF BIRTH (month, day, and year) Oct 15, 1852

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. H. Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha A. ~~Kunstel~~ Vannneiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Lawrence Markland
(Address) 2528 Calverton Heights Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/17, 1930 to Jan 17, 1931, that I last saw her alive on Jan 17, 1931, and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Rectum c metastasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Dec 18-1930

Was there an autopsy? Yes

What test confirmed diagnosis? Operation Autopsy Biopsy Physical

(Signed) J. Francis Hemsley M. D.

1/17, 1931 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Albert Zerveny

ADDRESS 3534 Edmondson

1-30—M. & T.—100 B—50L

E 64360

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64360

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Ridgley ST. 25-32 WARD)

2-FULL NAME Margaretta M Blockinger

(a) RESIDENCE NO 2421 Ridgley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo W Blockinger

6 DATE OF BIRTH (month, day, and year) Nov 25th 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work H. W.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa

PARENTS

10 NAME OF FATHER Wagel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Geo W Blockinger
(Address) 2421 Ridgley

15 Filed ....., 192.... CHAMPE C. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] Coroner, M. D.

Jan 18 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/20/1931

20 UNDERTAKER Wm Cook 1217

ADDRESS St Paul St

Spec.—1-30—M. & T.—250 Bks

E 64361

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64361

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 19-28

2-FULL NAME Lizzie Zinsmester

(a) RESIDENCE NO. 1817 Lemon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Records of (Address) Balto. City Hosp.

15 Filed JAN 19 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-31

17 I HEREBY CERTIFY, That I attended deceased from 6-10-04, 19..., to 1-16-31, 19..., that I last saw her alive on 1-16-31, 19..., and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis; chronic myocarditis.

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Fred M. Dunkenwalt, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 1/19 1931

20 UNDERTAKER J. F. McCully

ADDRESS 130 E Front.

Spec.—1-30—M. & T.—250 Bks

E 64362

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-802 ✓

E 64362

CERTIFICATE OF DEATH.

REGISTERED No. 24433

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. WARD)

2-FULL NAME Mrs. Nina Forsyth

(a) RESIDENCE No. 420 E. Clement ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of James W. Forsyth.

6 DATE OF BIRTH (month, day, and year) Aug 4-1857

7 AGE Years 73 Months 5 Days 12 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Ernest Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) -

14 Informant Sidney Forsyth (Address) 420 E. Clement

15 Filed ....19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1931, to Jan 16, 1931, that I last saw he alive on Jan 16, 1931, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia due to embolus of cerebral vessel

(duration) yrs. 2 mos 5 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL 1/19 1931

20 UNDERTAKER J. F. McCully

ADDRESS 1302 E Fort

HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 64363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64363

122-02

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University of Maryland Hospital

CITY OF BALTIMORE: (No. 16-68 ST., ... WARD)

2-FULL NAME Baby Girl Schmitz

(a) RESIDENCE NO. 1001 Dukeland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12, 1931

7 AGE Years ..... Months ..... Days 6 If LESS than 1 day, 5 hrs. 16 min. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. Thomas Schmitz

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Lee Bowen

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Wm. T. Schmitz
(Address) 1001 Dukeland Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 18, 1931, that I last saw her alive on Jan 15, 1931, and that death occurred, on the date stated above, at 4:20 A.m.

The CAUSE OF DEATH* was as follows:

Volvulus, ileum.

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) ..... yrs. ..... mos. 3 da.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? Yes Date of Jan 17, 1931.

Was there an autopsy? No

What test confirmed diagnosis? Clin + Oper Findings

(Signed) Fred H. Douglass, M. D.

1/18, 1931 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westlawn Cemetery

DATE OF BURIAL 1/19, 1931

20 UNDERTAKER Henry C. Browning Son

ADDRESS 1136 Poplar Grove St.

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64364

CERTIFICATE OF DEATH

X 82-001

E 64364

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours H-Offst 10-27 ST., WARD)

2-FULL NAME Mrs Agnes Ruth

(a) RESIDENCE NO Ellwidge Hunt Club ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton Ruth ~~John Hames~~

6 DATE OF BIRTH (month, day, and year) Dec 27th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	0	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work H. W. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elizabeth Md

12 MAIDEN NAME OF MOTHER Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary Wilson
(Address) Ellwidge Hunt Club

15 Filed ..... 192 ..... C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos H Parran M. D. Coroner

Jan 19 1931 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Wm Cook

ADDRESS 127 So Bond St

Spec.—1-30—M. & T.—250 Bks

E 64365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 64365

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Beech Ave & 40th ST. 13-52 WARD)

2-FULL NAME Carrie B. Chandler

(a) RESIDENCE No. Beech Ave. & 40th ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter G. Chandler

6 DATE OF BIRTH (month, day, and year) ------

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ----- Wisconsin

PARENTS

10 NAME OF FATHER Joel A. Barber

11 BIRTHPLACE OF FATHER (city or town) ------ (State or country) Wisconsin

12 MAIDEN NAME OF MOTHER Elizabeth Banfil

13 BIRTHPLACE OF MOTHER (city or town) ----- (State or country) New York

14 Informant J. Howard Palmer
(Address) Beech Ave. & 40th St.

15 Filed 1/19 1931 19 _____ [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 18, 1931, that I last saw her alive on Jan 18, 1931, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Cardiac Decompensation with Acute Pulmonary Edema due to Chronic Myocarditis - Acute Dilatation of the Heart (duration) 2 yrs. 7 mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis and Chronic Cardiitis (duration) 2 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Porter, M. D.

1/19, 1931 (Address) 822 Hoard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 1/20 19 31

20 UNDERTAKER Henry W. Mears and Son

ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks

E 64366

64366

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S. Calhoun ST. 19-29 WARD)

2-FULL NAME William Henry Hinton

(a) RESIDENCE No. 103 S. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

80

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Roxanna Hinton

6 DATE OF BIRTH (month, day, and year) Sept 14-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Ellicott City
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Theodore Hinton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England.

12 MAIDEN NAME OF MOTHER Matilda Wade

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Florence A. Hinton
(Address) 103 S. Calhoun St.

15 Filed 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17-1931

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1930, to January 17, 1931, that I last saw him alive on January 15, 1931, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) Chester Rieland, M. D.

1-17-1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1/21 1931

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-002

E 64367

CERTIFICATE OF DEATH.

E 64367

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 Poultney St. 2333 (Street)

2-FULL NAME Mrs. John H. Spencer

(a) RESIDENCE NO. 13 Poultney St Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. Life ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Spencer

6 DATE OF BIRTH (month, day and year): Nov. 24-1866

7 AGE: Years 64. Months 1 Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Georgianna Hurm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Emma M. Spencer
(Address) 13 Poultney St

15 Filed _____ 19 _____ HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 Jan 17.

17 I HEREBY CERTIFY, That I attended deceased from 1920, to Jan 17, 1931, that I last saw him alive on Jan 16, 1931 and that death occurred, on the date stated above, at 3.45 A.m.

The CAUSE OF DEATH* was as follows: Arthritis deformans

(duration) 11 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Neuralgia of Throat (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Ed L. Zimmerman M. D.

1/17, 1931 (Address) 2858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial Jan 19 1931

20 UNDERTAKER: Margaret E. Flynn ADDRESS 1422 Light St.

Very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 64368

E 64368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 E. Randall St. 23-34 WARD)

2-FULL NAME Caroline Matthews

(a) RESIDENCE No. 17 E. Randall St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: William Matthews

6 DATE OF BIRTH (month, day, and year): June 7-1855

7 AGE: Years 75 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Kastner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Annie Flannigan
(Address) 454 Patapsco St.

15 Filed ..... 19 ..... Registrar

JAN 19 1931 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1930, to Jan 17, 1931, that I last saw her alive on Jan 17, 1931, and that death occurred, on the date stated above, at 7:25 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell, M. D.

Jan 19, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Jan. 19 1931

20 UNDERTAKER: Margaret S. Flynn

ADDRESS: 1422 Light St.

Spec.—1-30—M. & T.—250 Blks

Favor

E 64369

E 64369

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ST. 14th WARD)

2-FULL NAME William Favor

(a) RESIDENCE No. 1413 Madison Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Mary Favor

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 35 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Anna Favor

(Address): 1413 Madison Ave.

15 Filed ..... 19 ..... THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931 to Jan. 18, 1931, that I last saw him alive on Jan. 18, 1931 and that death occurred, on the date stated above, at 3 59 p.m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald, M. D.

1/18, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: 1-21-1931

20 UNDERTAKER: Mrs Geo. N. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

E 64370 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64370

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Harlem Ave. ST. 16-23 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernhardt F.Gottling,

(a) RESIDENCE NO. 910 Harlem Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice G.Gottling,

6 DATE OF BIRTH (month, day, and year) Sept.5.1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Philip F.Gottling,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Philip Gottling
(Address) 910 Harlem Ave

15 Filed JAN 19 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1930, to Jan 18, 1931, that I last saw him alive on Jan 17, 1931, and that death occurred, on the date stated above, at 7 15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo W Heminway, M. D.

Jan 19 1931 (Address) 3002 Norman Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL JAN 21 1931 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—12-9-25—A Co.—200 Bks.

Catherine Dove

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64371

CERTIFICATE OF DEATH.

13 V

E 64371

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore & Payson Sts German Aged Home St., 70-7 Ward)

2-FULL NAME Catherine Dove

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Dove

6 DATE OF BIRTH (month, day, and year): March 4 1851

7 AGE: Years 79 Months 10 Days 13 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Albany

(State or country): New York

PARENTS

10 NAME OF FATHER: Augusto Vermilfoo

11 BIRTHPLACE OF FATHER (city or town):

(State or country): England

12 MAIDEN NAME OF MOTHER: Ella Wallace

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Scotland

14 Informant: Geo. E. German Aged Home

(Address): Balt. & Payson Sts

15 Filed: JAN 19 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Jan 17" 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1930, to Jan 17, 1931, that I last saw her alive on Jan 17, 1931, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) R. Heller Hemming, M. D.

1/18 1931 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hebron Cem. Date of Burial: Jan 20 1931

20 UNDERTAKER: Joseph L. Cook ADDRESS: 1003 N. Bell St

Spec.—F 12-23—31&T—500 Blks.

E 64372

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 ✓ E 64372

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Mosher ST. 1668 WARD)

2-FULL NAME Elizabeth Cook

(a) RESIDENCE No. 2520 Mosher ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Cook

6 DATE OF BIRTH (month, day, and year) June 12, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	–	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Mr. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ✓

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary McCullough
(Address) 2520 Mosher

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1927 to Jan 18 1931, that I last saw her alive on Jan 18 1931 and that death occurred, on the date stated above, at 10.30 P m

The CAUSE OF DEATH* was as follows:
Mammary Carcinoma
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) J W S Love, M. D.

1/19/1931 (Address) 836 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Jan. 21 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 64373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64373

X 26

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernan's Hospital

CITY OF BALTIMORE: (NO. Hillsdale ST. 28-65 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Arthur Greene

(a) RESIDENCE NO. David St. Elkton City, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May 1 1920

6 DATE OF BIRTH (month, day, and year) Jan 19 1931

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
10 years	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Elkton City, Md.

PARENTS

10 NAME OF FATHER James Daniel Greene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elkton City Md

12 MAIDEN NAME OF MOTHER Rosie Ellen Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elkton City Md.

14 Informant Mrs. A. Greene

(Address) Elkton City Md

15 Filed ....19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1929, to Jan. 19, 1931, that I last saw him alive on Jan 19, 1931, and that death occurred, on the date stated above, at 4:05 p.m.

The CAUSE OF DEATH* was as follows:

Br. Pneumonia

Septic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Elkton City, Md.

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H Calvin Jones, M. D.

, 19 (Address) Kernan's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star

DATE OF BURIAL 1-21 1931

20 UNDERTAKER A. C. Higinbothams Jr.

ADDRESS Elkton City

Spec.—2-29-28—1. F. S.—500 Bks.

E 64374

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 64374

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 S Patterson Pk Ave STR 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Magdalena Frang

(a) RESIDENCE NO. 238 S. Patterson Pk Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 30, 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Hoyers werde Germany

10 NAME OF FATHER Christian Frang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hamel Frang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jobs Weyer

(Address) 238 S Patterson Pk Ave

15 Filed C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 31

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to Jan 17, 1931 that I last saw h w alive on Jan 17, 1931 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) C L Cushing

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Attendance

(Signed) J C Slades, M. D.

, 19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cemetery

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Louis Heemann

ADDRESS 32 S Broad

Spec.—1-30—M. & T.—250 Bks.

E 64375 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64375

CERTIFICATE OF DEATH.

108v

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Loraline & Oliver Sts. ST., 9-18 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane E. Kroedel

(a) RESIDENCE NO. 1523 Eager ST.; ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth Dep yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Sing.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18 1928

7 AGE Years 2 Months 10 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Nelson E. Kroedel

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Florence M. Baier

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Mr. Nelson E. Kroedel
(Address) 1523 Eager St. J. JONES, M. D.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1930, to Jan. 18, 1931, that I last saw her alive on Jan. 18, 1931, and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Lobar Pneumonia (duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan. 3, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Flinding M. D.

, 19 (Address) 1 W J Reps Hyd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 22, 1931

20 UNDERTAKER Henry Hoech Sons, Inc.

ADDRESS 1301 E Eager St

Spec.—9-30—A. & Co.—250 Bks

64376 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64376

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... ST. 1-3 WARD)

2. FULL NAME Anna Popera

(a) RESIDENCE No. 418 S. Patterson Park ave ST. 3711 Lee St. Negroes Pt WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packing house employe

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Gregory Popera

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Leona Drag

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Hospital Records
(Address)

15 Filed N 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1930, to Jan. 17, 1931 that I last saw her alive on Jan. 17, 1931 and that death occurred, on the date stated above, at 11.35 a.m.

The CAUSE OF DEATH* was as follows:
Congenital Pulmonic Stenosis
(Congenital Heart Disease)

(duration) 31 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

1-17 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Jan 20 1931

20 UNDERTAKER George A. Weber — ADDRESS 708 S. Ann st

Spec.—1-30—M. & T.—250 Bks.

E 64377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64377

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hospital 425 ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Burns

(a) RESIDENCE NO. 505 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Nora Burns

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE: about 75 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor.

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: /

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mr Peter Burns
(Address): 101 So Carey St.

15 Filed JAN 9 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1931.

17 I HEREBY CERTIFY, That I attended deceased from 1-14-31, 19 ..... to 1-17-31, 19 ..... ,

that I last saw him alive on 1-17-31, 19 ..... ,

and that death occurred, on the date stated above, at 1:25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos 3 ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? physical

(Signed) Lawrence H. Sears, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem.

DATE OF BURIAL: 1/20/ 1931

20 UNDERTAKER: John Howard & Son

ADDRESS: 40 W Pratt St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64378

CERTIFICATE OF DEATH

140 ✓ E 64378

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hosp St. 15-21 Ward)

2-FULL NAME Emily Calafos

(a) RESIDENCE NO. North & Fulton Aves Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Calafos

6 DATE OF BIRTH (month, day, and year) Nov 9 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

037

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Franz Eck

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Habick

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mr. John Calafos
(Address) 1134 N. McHenry Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General peritonitis from Abortion

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas O'B Brooke M. D.

1/19 . 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 21 1931
20 UNDERTAKER	ADDRESS
W M Courteau	225 N Mott

Important—See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-09

E 64379

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 218 N Fremont ST., (WARD) 18th

2—FULL NAME Mary Marshall

(a) RESIDENCE NO. 218 N Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Fucation~~ Dec 29 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Marshall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary J. Tibson

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant W. E. Sauenger
(Address) 218 N. Fremont Ave

15 Filed 1 2 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 18, 1931, that I last saw h. alive on Jan 17, 1931 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* ~~was as follows~~:

Pulmonary Pneumonia
Endocarditis (Senile)
Senile Sclerosis
(duration) ~~yrs.~~ mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Peters, M. D.

1-19-1931 (Address) 2157 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL 1/20 1931

20 UNDERTAKER L. O. Kehner

ADDRESS 1532 Hollins St.

Spec.—1-30—M. & T.—250 Bks.

E 64380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64380

CERTIFICATE OF DEATH.

REGISTERED NO. 3059

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Lucaline & Gilmor ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Barraca

(a) RESIDENCE NO. 19 West Barre ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Barraca

6 DATE OF BIRTH (month, day, and year) June 16, 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

637

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Caspen Scardino
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Concetta Nasa
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Husband Joseph Barraca
(Address) 19 W. Barre St

15 Filed 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-31

17 I HEREBY CERTIFY, That I attended deceased from 1-14-31, 19..., to 1-16-31, 19..., that I last saw h. alive on 1-16-31, 19..., and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Large Adenomas Thyroid
Diabetes Mellitus
Chronic Nephritis
(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of None
Was there an autopsy? No
What test confirmed diagnosis? Clinical Co
(Signed) M. G. Lambert M. D.
, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Frank V. Spitone — ADDRESS 2818 E. Baltimore St

Spec.—9-30—A. & Co.—250 Bks.

64381 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64381

23

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. 3-4 WARD)

2. FULL NAME Dillard Smith

(a) RESIDENCE NO. 114 S. Caroline st. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-28-05

7 AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	25	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Domily Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Josephine Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 1 9 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 19 30, to Jan. 15, 19 31 that I last saw h in alive on Jan. 15, 19 31 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Tenner M. D.

1-16 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 19 1931

20 UNDERTAKER Commissioner Health

ADDRESS

FOR WM. E. WOODALL

Spec.—9-30—A. & Co.—250 Bks.

64382 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64382

82-09

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2604 Ferrymount ST. 25-73 WARD.)

2. FULL NAME Matilda Murdock Short

(a) RESIDENCE NO. 2604 Ferrymount ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE Years 74 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER John Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clarkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clarkson

14 Informant Henry Murdock Short
(Address) 2604 Ferrymount St.

15 Filed ....., 19.... Registrar C. HAMPSON JONES, M. D.

C 1931 No. 1647

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 17, 1931 that I last saw her alive on Jan 15, 1931 and that death occurred, on the date stated above, at 1-50 P.M.

The CAUSE OF DEATH* was as follows:

Paralytic Stroke

(duration) no yrs. no mos. 17 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? immobility

(Signed) Raymond C. Glenn M. D.

Jan 17, 1931 (Address) 1708 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem | DATE OF BURIAL 1/20 19 31

20 UNDERTAKER Samuel Hensley | ADDRESS 538 N Bond

1-30—M. & T.—100 B—50L

E 64383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64383

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (ST.) 17-25 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas Houston Houston

(a) RESIDENCE No 422 Druid Hill Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE 37 Years 26 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ala

PARENTS

10 NAME OF FATHER Green Houston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Emma Woodson
(Address) 2010 W. Baltimore

15 Filed ..... 192 ..... Registrar

91931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

Jan 15 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cherokee Ala.

DATE OF BURIAL Jan 19 1931

20 UNDERTAKER Samuel Hensley

ADDRESS 1078 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64384

CERTIFICATE OF DEATH

107-001

E 64384

REGISTERED NO. 418

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2—FULL NAME Charles Lincoln Taylor

(a) RESIDENCE NO. 1305 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Taylor

6 DATE OF BIRTH (month, day, and year): Feb 5-1878

7 AGE: Years 52; Months 11; Days 12; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Mfg.

(c) Name of employer: L Rosenbloom

9 BIRTHPLACE (city or town) (State or country): Chestertown Md

10 NAME OF FATHER: Thos H. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chicago Ill

12 MAIDEN NAME OF MOTHER: Annie L. Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Elsie H. Taylor

(Address): 1305 N. Central Ave

15 Filed ....., 19.... Registrar

01 1931 C. RAMPSON JONES, M. D.

By Ward

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 17, 1931, that I last saw him alive on Jan 17, 1931, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia and Asthma

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Cardiac Collapse

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno P Byerly, M. D.

, 19 (Address) 304 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Jan 20 1931

20 UNDERTAKER: Bertram S. Poe 1923

ADDRESS: W. Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64385

E 64385

CERTIFICATE OF DEATH

106-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N Luzerne Ave ST., 6-10 WARD)

2—FULL NAME Theodore L. DeHaven

(a) RESIDENCE NO. 120 N Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (Write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche DeHaven

7 DATE OF BIRTH (month, day, and year) May 17th 1865

8 AGE: Years 65 Months 8 Days 1 If less than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Overseer

(c) Name of employer: Poultry Engineering College

10 BIRTHPLACE (city or town) (State or country): Washington D.C.

10 NAME OF FATHER: Samuel DeHaven

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Elizabeth Vollenstine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Mrs. Katie L. Skinner

(Address) 120 N Luzerne Ave

15 Filed 9-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7-31, to Jan 18 1931, that I last saw him alive on Jan 18 1931 and that death occurred, on the date stated above, at 12-50 P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion

Chronic Bronchitis (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Lawrence M. D.

1/19 1931 (Address) 304 N Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 21 1931

20 UNDERTAKER: Ellsworth E. Poole

ADDRESS: W. Lafayette Ave

Spec.—9-30—A. & Co.—250 Bks

E 64386 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64386

131

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital ST. 9-18 WARD)

REGISTERED No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anthony J. Hughes

(a) RESIDENCE No. 726 E. Preston St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 19, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28 yrs	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 009

(b) General nature of industry, business, or establishment in which employed (or employer) Plumbers supplies

(c) Name of employer E. Crocker

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael J. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Frances Ocks.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Records
(Address)

15 Filed Jan 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 19, 1931 that I last saw h. alive on Jan 19, 1931 and that death occurred, on the date stated above, at 9 05 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) ..... yrs. ..... mos. 3 hrs. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Routine clinical & laboratory tests

(Signed) J. H. Gordon M. D.

Jan 21, 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Jany 22 1931

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1848 N. Howard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64387

CERTIFICATE OF DEATH.

93-003

E 64387

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Forest Park Av. ST. 15-66 WARD)

2-FULL NAME Harriet M Pracht

(a) RESIDENCE NO. 3906 Forest Park Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred always yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31 1847

7 AGE Years 83 Months 9 Days 18 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Augustus C Pract

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Wilhelmina Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Edw P. Smith

(Address) 3906 Forest Park Av

15 C. HAMPSON JONES, M. D.

1931 By DOH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Jan 18, 1931, that I last saw he alive on Jan 18, 1931, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Hemiplegia + Cardiac dilat. secondary to myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph E Goodman, M. D.

Jan 18, 1931 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Chas. G. Black

ADDRESS 1424 W. Northwest

Spec.—1-30—M. & T.—250 Bks.

E 64388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64388

CERTIFICATE OF DEATH.

108

11-15

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 3300 St Paul ST. WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Barnard Harvey

(a) RESIDENCE NO. 715 N Charles St ST., WARD Roulette
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 27th 1853

7 AGE 77 Years 4 Months 21 Days (20) If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none — gen

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua H Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth E Barnard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

JAN 19 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1931

17 I HEREBY CERTIFY, That I attended deceased from January 14, 1931, to January 17, 1931, that I last saw him alive on January 17, 1931, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

pneumonia — Lobar

(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital U M H

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Francis H Welch M. D.

1/17/1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR ~~REMOVAL~~ Loudon Park

DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Henry A Jenkins Sons Co

ADDRESS McCulloh & Richard Sts

Spec.—1-30—M. & T.—250 Bks

E 64389

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 64389

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Avenue ST., 8-17 WARD)

2-FULL NAME Louis Johnson

(a) RESIDENCE No. 1513 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) June 23rd 1860

7 AGE Years 70 yrs. Months 6 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Long Island
(State or country) New York

PARENTS

10 NAME OF FATHER John D. Johnson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) New York

12 MAIDEN NAME OF MOTHER Helen Wiederstrand

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ga.

14 Informant Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from November 21, 1930, to January 19, 1931, that I last saw him alive on January 18, 1931, and that death occurred, on the date stated above, at 4:35 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Mitral insufficiency

(duration) Several yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical & Laboratory

(Signed) Hjalmar S. Ordemann, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Jan 20th 1931

20 UNDERTAKER Leroy Merkle & Son Co

ADDRESS Balto
Jan 20 1931

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64390

108 E 64390

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 S. Sharp St. ST. 23-31 WARD)

2-FULL NAME Kenneth C. Smith.

(a) RESIDENCE No. 1244 S. Sharp St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 24, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	10	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John H. Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna L. Kwedar.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Anna L. Smith. (mother)
(Address) 1244 S. Sharp St.

15 Filed 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 16th, 1931, to January 17th, 1931, that I last saw him alive on January 17th, 1931, and that death occurred, on the date stated above, at 10.15 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Apnoea.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Steinhardt, M. D.

1/19/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan. 20th, 1931

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Pratt St.

Spec.—1-12-23—M&T—500 Bks.

E 64391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-004 ✓ E 64391

REGISTERED NO. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2111 Ramsey ST. WARD)

2-FULL NAME Annie E. Schulz

(a) RESIDENCE NO. 2111 Ramsey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Schulz

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John J. Groff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Harvey Zepter
(Address) 2111 Ramsey St.

15 Filed 1 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1931, to 1/17, 1931, that I last saw her alive on 1/17, 1931, and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis 3 hy pertension

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hypertension

(Signed) Chas A Cohen M. D.

1/19, 1931 (Address) 2145 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/20 1931

20 UNDERTAKER F. O. Kaehner

ADDRESS 1532 Hollins St

1-20—M. & T.—100 B—50L

E 64392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64392

93-001

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Orlin ST. 22-30 WARD)

2-FULL NAME Jacob H. Wise

(a) RESIDENCE No 633 Orlin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Wise

6 DATE OF BIRTH (month, day, and year) 1874.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm. Williams
(Address) 628 S. Paca St

15 Filed 9 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart.

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Eugene Feller, Coroner, M. D.

1/19, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-19 1931

20 UNDERTAKER Lamb & Carter

ADDRESS 916 Pa ave

Spec.—1-30—M. & T.—250 Bks

E 64393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64393

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Durham ST.) 6-9 (WARD)

2-FULL NAME Lizzie Jones

(a) RESIDENCE NO. 405 N Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Wesley Jones

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentin 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Albert Haynes

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant John Wesley Jones
(Address) 405 Durham St

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-31

17 I HEREBY CERTIFY, That I attended deceased from 1-15 1931 to 1-16 1931 that I last saw her alive on 1-16 1931 and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) ..... yrs. mos. 2 da.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1-19 1931 (Address) 519 Cumberland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Chur

DATE OF BURIAL 1-20 1931

ADDRESS 416 Dyade

20 UNDERTAKER Lewis & Carter

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64394

93-002

E 64394

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Port ST. 1-3 WARD)

2—FULL NAME Eleanor Adams

(a) RESIDENCE NO. 605 S. Port ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

7 DATE OF BIRTH (month, day, and year) April 23, 1911

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	8	25	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

11 NAME OF FATHER Thomas Adams

12 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

13 MAIDEN NAME OF MOTHER Pauline Norr

14 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant Mrs. Pauline Adams (Mother)
(Address) 605 S. Port St.

15 Filed Jan 20, 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan. 17, 1931, that I last saw her alive on Jan. 17, 1931, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows: Mitral Insufficiency (Decompensated) Myocardial Insufficiency

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

1/19, 1931 (Address) 2089 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Jan. 20, 1931

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

C. HAMPSON JONES, M. D.
Registrar

JAN 19 1931

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

163-008 ✓

E 64395

CERTIFICATE OF DEATH.

E 64395

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 8-12 Ward)

2-FULL NAME SOPHIE C. JERSCHEID

(a) RESIDENCE NO. 1113 N. Kenwood Ave. St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Jerscheid

6 DATE OF BIRTH (month, day, and year): March 4, 1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Lutherville

(State or country): Md.

PARENTS

10 NAME OF FATHER: Adolphus Fishpaugh

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary L. Duering

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Miss Anna E. Fishpaugh (Sister)

(Address): Sinai Hospital.

15 Filed_____, 19____ C. HAMPSON JONES, M. D. Registrar

Jan 19 1931 By DKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 January 18, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning (Autopsy)

Suicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Allen (Coroner) M. D.

Jan. 19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saters Baptist Cemetery. Date of Burial: Jan. 20, 19 31

20 UNDERTAKER: Henry Sander & Sons. Inc. ADDRESS: BALTIMORE ST. & BROADWAY

Spec.—1-30—M. & T.—250 Bks

E 64396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64396

93-003

CERTIFICATE OF DEATH.

20-28

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Payson St. ST. ..... WARD)

2-FULL NAME George W. Donaldson

(a) RESIDENCE NO. 119 S. Payson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie May (nee Ridgeway)

6 DATE OF BIRTH (month, day, and year) August 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lillie May Donaldson
(Address) 119 S. Payson St.

15 Filed 1/19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to Jan 17, 1931, that I last saw him alive on Jan 15, 1931, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Angina Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical medicine

(Signed) James H. Lazenberger M. D.

1/19, 1931 (Address) 721 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 1/20/31

20 UNDERTAKER Harry A. Witzke

ADDRESS 4101 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64397

178-001

E 64397

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 133 S. Linwood Ave. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regenia B. Wolf

(a) RESIDENCE NO. 133 S. Linwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 Color or race W 5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Aug~~ 12, 1878

7 AGE Years 54 Months 5 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleswoman

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer Lamont & Co.

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John B. Wolf

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Alice Mullen

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Edith Wolf

(Address) 133 S. Linwood Ave

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

ACC Poisoning - Illuminating Gas

(duration) yrs. mos. — ds.

CONTRIBUTORY (secondary) Arteriosclerosis

(duration) yrs. mos. — ds.

Jan 19 1929 (Signed) G. E. Blade M. D.

(Corner)

, 19 (Address) 173 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 1/20/29

20 UNDERTAKER John A. Mozan ADDRESS 300 E. Balto St.

E. HAMPSON JONES, M. D.

Registrar

Very important. See instructions on back of certificate.

0 1931

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

178-001

E 64398

E 64398

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 133 S. Linwood ave St. 2 Ward)

2-FULL NAME Clarence M. Wolf

(a) RESIDENCE NO. 133 S. Linwood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 29, 1884

7 AGE Years 46 Months 8 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER John B. Wolf

11 BIRTHPLACE OF FATHER (city or town) City

(State or country)

12 MAIDEN NAME OF MOTHER Alice A. Mullon

13 BIRTHPLACE OF MOTHER (city or town) City

(State or country)

14 Informant Mrs. Edith Wolf

(Address) 137 S. Linwood ave

15 Filed 1/19 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

ACC Poisoning Illuminating Gas

(Duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. — ds.

1/19/31 (Signed) G. E. Glade M. D. (Coroner)

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 1/20/31

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64399 E 64399

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 Ashland ave ST. 7-13 WARD)

2-FULL NAME Wm. Russell

(a) RESIDENCE No. 1642 Ashland ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/10/31

7 AGE Years ... Months ... Days 3 If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Ellen Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Scott
(Address) 1642 Ashland ave.

15 Filed 1 9 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/31 19

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1931, to 1/19, 1931, that I last saw living alive on 1/19/31, 19 ..., and that death occurred, on the date stated above, at 3 00 m.

The CAUSE OF DEATH* was as follows:

Premature Birth, 7 month, Inanition
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion Coma
(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Aly L Gogl, M. D.
1/19/31 (Address) 701 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Jan. 20 1931

20 UNDERTAKER Wm C. Black — ADDRESS 927 N. Broadway

Spec.—9-30—A. & Co.—250 Bks.

E 64400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64400

93-003

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 15-22 WARD)

2. FULL NAME George William Campbell

(a) RESIDENCE No. 1340 Stricker St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Campbell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from 12-15-30, 19..., to 1-19-31, 19...

that I last saw him alive on 1-19-31, 19...

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis, right orbit;
Septicaemia, not puerperal
(duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic
(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2 hospital, 2 house

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical; lab.

(Signed) Paul Padget M. D.

1-19 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	1/21/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul st

C. HAYSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

Dr Murgatroyd 401 E. 25th St

Nui 1582

E 64401 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64401

CERTIFICATE OF DEATH.

93-00

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Matthews ST. 46 WARD)

2 FULL NAME Ida Angeline De Moss

(a) RESIDENCE No. 2800 Matthews St ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George M. De Moss

6 DATE OF BIRTH (month, day, and year) Jan — 1855

7 AGE: Years 75 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: William Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Geo M. De Moss
(Address): 2800 Matthews St

15 Filed 1 6 1931, 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 25th, 1930, to Jan 17th, 1931, that I last saw ~~him~~ alive on Jan 17th, 1931, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) [illegible] M. D.

1/19/31 (Address) 400 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL 1/20/1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St

Spec.—8-16-29—L. F. S.—100 Bks.

E 64402

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64402

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Aisquith ST. 9-18 WARD)

2—FULL NAME Edward J Bolton

(a) RESIDENCE NO. 1442 Aisquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 5 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet M.

6 DATE OF BIRTH (month, day, and year): Aug 18th 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83.	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Bank clerk

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Balto~~

(c) Name of employer: Balto Trust Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Bolton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Louisa Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto County.

14 Informant: Maude Bolton

(Address) 1442 Aisquith St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19th 1931

17 I HEREBY CERTIFY That I attended deceased from Mar 1, 1929, to Jan 19, 1931, that I last saw him alive on Jan 17, 1931 and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Elmer B Lemmon, M. D.

1/19, 1931 (Address) 718 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wood Lawn Cemetery

DATE OF BURIAL: 1/21/1931

20 UNDERTAKER: Tom Cook.

ADDRESS 1211 St Paul St.

C. H. VERSON JONES

Spec.—9-30—A. & Co.—250 Bks

Dr Cahn 2145 W. Baltimore
Monday - 6 to 8 P.M. Calvert 2456

E 64403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64403

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 W. Barre St. 21-29 WARD)

2-FULL NAME Noble E. Penn

(a) RESIDENCE NO. 821 W. Barre ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2nd 1910

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Conrad R Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaretta N. Altman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant S. Florence Altman
(Address) 821 W. Barre st

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar

NOP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 18th 1931

17
I HEREBY CERTIFY, That I attended deceased from Jan 2 1929, to Jan 18th 1931
that I last saw him alive on Jan 18th 1931
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Fred Cahn M. D.

1931 (Address) 2145 W. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M & T.—100 B—50L

Coroner Luck North Ave & Division St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

E 64404

E 64404

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Herbert ST., 15-21 WARD)

2-FULL NAME Carrie May Patton

(a) RESIDENCE No 1913 Herbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John P. Patton

6 DATE OF BIRTH (month, day, and year) June 23 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59		6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Herbert Patton

(Address) 1816 N. Monroe St

C. HAMPSON JONES, M.D. Registrar

1931 1932 Per ORS

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1931 12:30 a.m.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) Few hours yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. C. Luck, M. D. Coroner

Jan 18 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 1/21/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

Coroner Bladen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64405

CERTIFICATE OF DEATH

107-001

E 64405

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124 N Eutaw ST. 3-5 (WARD)

2-FULL NAME Laura V. Alford

(a) RESIDENCE No. 124 N Eutaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph Alford

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) ..... (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

14 Informant Anna F. Darcarrow

(Address) 1514 Lafayette Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cf Laudrin

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What was confirmed diagnosis? Autopsy

(Signed) H. Gelade, M. D. Coroner

. 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 1/20/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks. Dr Davidson Parkwood Apts / 6695 Medical Att: Edw V. 7 30 30 3035 O Donnell St

64406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64406

CERTIFICATE OF DEATH

REGISTERED NO. 93-603

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Hillman 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret Bradley

(a) RESIDENCE NO. 1010 Hillman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76		2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alexander Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Chas Auburn
(Address) 642 S Bclmont Ave

15 Filed ..., 19 ... Registrar

JAN 1931 C. HAMPSON JONES, M. D. ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1930, to Jan 18, 1931 that I last saw her alive on Jan. 14, 1931 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) N. J. Daugher M. D.

19 (Address) 3035 O Donnell

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 1/21/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64407

CERTIFICATE OF DEATH.

93-00

E 64407

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 24-33

2 FULL NAME James Scheiner

(a) RESIDENCE NO. 828 E. Fort Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1882

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Blazek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

FEB 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-31

17 I HEREBY CERTIFY, That I attended deceased from 12-9-30, 19..., to 1-17-31, 19... that I last saw him alive on 1-17-31, 19... and that death occurred, on the date stated above, at 7:25 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency, anginal (duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Podgit M. D.

1-19-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 1/20/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

RCH

Spec.—1-30—M. & T.—250 Bks.

#64408

244473
E 64408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64408

CERTIFICATE OF DEATH.

121

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Sidney Smith

(a) RESIDENCE NO. 212 Cove St ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1911

7 AGE: Years 20 19 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk employed

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Peter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ca

14 Informant: Records
(Address)

15 Filed JAN 20 1931, HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from 1-14-, 1931, to 1-19-, 1931, that I last saw him alive on 1-19-, 1931, and that death occurred, on the date stated above, at 1 45 P. m.

The CAUSE OF DEATH* was as follows:
Post operative pneumonia (bronchial)
Peritonitis

(duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) Otherwise elevated
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan 15 [31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. Hirschstein, M. D.

Jan 23 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Crisfield, Md.

DATE OF BURIAL: Jan 21 1931

20 UNDERTAKER: John A. Beachaw

ADDRESS: Crisfield

Spec.—1-30—M. & T.—250 Bks

E 64409

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 64409

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 729 S Oldham St. WARD) 26-27

2-FULL NAME Michael H. Falkenhan

(a) RESIDENCE NO. 729 S Oldham St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Falkenhan

6 DATE OF BIRTH (month, day, and year): May 14 1868

7 AGE: 62 Years, 8 Months, 5 Days. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor & Builder

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Jorge Falkenhan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertha Falkenhan
(Address) 729 Oldham St

15 Filed ....., 19 ..... Registrar

C 1931 HENRY S. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-18-31

17 I HEREBY CERTIFY, That I attended deceased from 1-12, 1931, to 1-19, 1931, that I last saw him alive on Jan. 18, 1931, and that death occurred, on the date stated above, at 5:55 a.m.

The CAUSE OF DEATH* was as follows: Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Post influenzal Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Joseph A. Rosenblatt, M. D.

1/19, 1931 (Address) 2018 O'Donnell St, Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. — DATE OF BURIAL: Jan 21, 1931

20 UNDERTAKER: Mendell J. Geppel — ADDRESS: 1101 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks

E 64410

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-093 E 64410

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 12-19 WARD)

2-FULL NAME J. Hood Walker

(a) RESIDENCE NO. 1808 St. Paul ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gertrude Wakeland Walker

6 DATE OF BIRTH (month, day, and year) Nov 16, 1862

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Benjamin F Walker.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Amelia Wayman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Mrs. J. Hood Walker
(Address) 1808 St. Paul St

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan 19, 1931, that I last saw him alive on Jan 19, 1931, and that death occurred, on the date stated above, at 3:00 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) Uremia

(duration) _____ yrs. _____ mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Richard C. Cumming, M. D.

Aug 9 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 21. 1931
20 UNDERTAKER	ADDRESS
E. LeRoy Steffey, Inc	125 E. Mulberry

AUG 1931

1-30—M. & T.—100 B—60L

E 64411

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64411

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Chapel ST. 6-9 WARD)

2-FULL NAME Iula Jackson

(a) RESIDENCE NO 111 N. Chapel ST., ... WARD .....
(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Balck	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Jackson

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Louise Bags

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Willie Jackson
(Address) 111 N. Chapel St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Hawes, M. D.
Coroner

Jan 20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetary — DATE OF BURIAL Jan. 21 1931

20 UNDERTAKER Edward. Bryan. — ADDRESS 1631 Oleant St

HERMON JONES, M. D.

20 1931

Spec—B-30—A & Co—250 Bks

E 64412

64412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS ST. 16-22 WARD)

CITY OF BALTIMORE: (No

2. FULL NAME Susan Jones

(a) RESIDENCE No. 1125 N. Gilmor St. ST. WARD (If non-resident give city or town and State)

(Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jones, ~~[illegible]~~.

6 DATE OF BIRTH (month, day, and year) unknown 1888

7 AGE 43	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Curryback Va.

PARENTS

10 NAME OF FATHER Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1931 to Jan. 18, 1931 that I last saw he alive on Jan. 18, 1931 and that death occurred, on the date stated above, at 6:45 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs.

(duration) more than yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of intestines (duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Paul Podger M. D.

-18. 1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mosley's Va

DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

C. HAMILTON JONES, M. D. Registrar

BALTIMORE CITY HOSPITALS

JAN 20 1931

Spa—12-23-21—E.B.R.S.—400 Pks.

E 64413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64413

92-001

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1425 W Lafayette Ave, St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vina Brooks

(a) Residence No. 1425 W Lafayette Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 15/1898

7-AGE 32 33 yrs. 4 mos. 2 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS

10-NAME OF FATHER, James Brooks

11-BIRTHPLACE OF FATHER (city or town) Calvert Co (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Susan Rawlings

13-BIRTHPLACE OF MOTHER (city or town) Calvert Co (State or Country) Maryland

14- (Informant) Jones Brooks

(Address) 1425 W. Lafayette Ave

15- Filed 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 17/31

17- I HEREBY CERTIFY, That I attended deceased from September 12, 1930 to January 17, 1931 that I last saw him alive on January 13, 1931 and that death occurred, on the date stated above, at 10.25 A.m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease.

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1607 W Franklin

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Russell Fargo M. D.

, 19 (Address) 2937 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan. 20, 1931

20-UNDERTAKER Mrs. Katie R Williams

ADDRESS 322 N. Schroeder St.

Spec.—9-30—A. & Co.—250 Bks.

E 64414

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64414

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... St. 4724 Ward)

2. FULL NAME Ruth Quarles

(a) RESIDENCE No. 548 W. Preston st. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Un Known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16 17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Arthur Quarles

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Lulu Scott

13 BIRTHPLACE OF MOTHER (city or town) Pennsylvania
(State or country)

14 Informant Hospital Records
(Address) C. HARRISON JONES, M. D.

15 Filed ..... 19..... Registrar

N 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 19 30, to Jan. 18, 19 31 that I last saw her alive on Jan. 18, 19 31 and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

1-19 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan. 21, 1931

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 3227 Schroeder St

Spec.—1-30—M. & T.—250 Bks.

E 64415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64415

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

8-17

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1525 N. Wolfe ST. ..... WARD)

2-FULL NAME Michael J. Nolan

(a) RESIDENCE NO. 1525 N. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary F. Nolan

6 DATE OF BIRTH (month, day, and year) May 1st. 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish Dealer 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael J. Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Wilhelmina Sheubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mediterranean Sea

14 Informant Mary F. Nolan
(Address) 1525 N. Wolfe St.

15 Filed ..... 19 ..... Registrar

20 1931 C. Hayden Jones, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18th. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 19 31, to Jan. 18, 19 31, that I last saw him alive on Jan. 17, 19 31, and that death occurred, on the date stated above, at 1:45 A.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ....yrs. ....mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings.

(Signed) Albert Lingenfelder M. D.

1/17/31 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/21 1931

20 UNDERTAKER Chas. P. Evans & Son

ADDRESS 1188 W. Mt. Royal Ave.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64416

E 64416

CERTIFICATE OF DEATH.

46-005

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1505 N. Chapel St. ST. 8-17 WARD)

2-FULL NAME Elroy Charles Wood

(a) RESIDENCE NO. 1505 N. Chapel St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Wood

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
in his	61 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John H. Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Blair Hartford County

12 MAIDEN NAME OF MOTHER Mary E. Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Maryland

14 Informant Mrs. Carrie Wood
(Address) 1506 N. Chapel St

15 Filed JAN 26 1931 19 ..... WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1930, to Jan 18, 1931, that I last saw him alive on January 18, 1931, and that death occurred, on the date stated above, at 4.05 PM

The CAUSE OF DEATH* was as follows:

Carcinoma liver

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual mes

(Signed) F. J. Kirby, M. D.

1/19, 1931 (Address) 110 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL Jan. 21 1931

20 UNDERTAKER Henry Hoeck & Sons Inc. — ADDRESS 1301 E Eager St

Spec.—1-30—M. & T.—250 Bks.

E 64417 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64417

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 E. Lafayette Ave ST., 8-17 WARD)

2-FULL NAME Catherine Brady

(a) RESIDENCE No. 1510 E. Lafayette Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Joseph Brady

6 DATE OF BIRTH (month, day, and year) Aug 21 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	4	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS
10 NAME OF FATHER Kasper Stenzel
11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)
12 MAIDEN NAME OF MOTHER Agnes Doll
13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Anna Doll
(Address) 1510 E. Lafayette Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to January 18, 1931, that I last saw her alive on January 18, 1931, and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
Hypertension (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. A. Schreiner M. D.

, 19 (Address) 1337 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Jan 22 1931

20 UNDERTAKER Henry Stoeck & Son Inc.

ADDRESS 1301 E. Eager St

JAN 20 1931 C. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64418

E 64418

53-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Linden Av St. 4-20 WARD)

2-FULL NAME Rosa Sansheimer

(a) RESIDENCE NO. 1709 Linden Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
78	1852	June 6	22 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Louis Sansheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany Baden

12 MAIDEN NAME OF MOTHER: Hannah Berghers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: B Cohen
(Address): 1709 Linden

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

JAN 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1929, to Jan 19, 1931, that I last saw h alive on Jan 16, 1931, and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sinuses
Bladder

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Hemorrhage, Exhaustion

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph Eichner, M. D.

Jan 20 1931 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ner Israel — DATE OF BURIAL: Jan 21 1931

20 UNDERTAKER: Harry Goodheim & Son — ADDRESS: 1902 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

64419

HEALTH DEPARTMENT—CITY OF BALTIMORE

133-002

E 64419

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... ST. 10-14 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Roberts

(a) RESIDENCE NO. 721 Arisquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
64		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) Washington
(State or country) D.C.

PARENTS

10 NAME OF FATHER Isaac Roberts

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Va

12 MAIDEN NAME OF MOTHER Matilda Hayes

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Va

14 Informant Rudolph Roberts
(Address) Baltimore City Hospital

15 Filed ..... 19 .....

C. HAMPSON JOHNS, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-31

17 I HEREBY CERTIFY, That I attended deceased from 9-21-, 1929, to 1-17-, 1931, that I last saw him alive on 1-17-, 1931, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:
Bilateral Pyonephrosis

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) none
(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? — Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy findings

(Signed) Fred M. Quickenden, M. D.

19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Jan. 20, 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Addison

JAN 20 1931

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64420

E 64420

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD) 17-25

2-FULL NAME Victor Womack

(a) RESIDENCE NO. 639 W. George ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ella Womack

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Arab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Peter Womack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) B.C.H.

15 Filed ....., 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-31

17 I HEREBY CERTIFY, That I attended deceased from 7-23-30, 19..., to 1-17-31, 19...,

that I last saw him alive on 1-17-31, 19...,

and that death occurred, on the date stated above, at 2:25 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left antrum with local metastases.

(duration) ....yrs. 8 mos ....ds.

CONTRIBUTORY (Secondary) Secondary hemorrhage

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Fred M. Outwall, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL June 2/1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1125 Ashland Ave

Spec—9-30—A. & Co.—250 Bks

64421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64421

23

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 8-17 (WARD)

CITY OF BALTIMORE: (No.....

2. FULL NAME Mary Hodges (Myers) ST.. ..... WARD .....

(a) RESIDENCE NO. 1715 705 Ellsworth St. (If non-resident give city or town and State)

(Usual place of abode)

How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

length of residence in city or town where death occurred Life yrs. ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hurlut Hodges

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1899

7 AGE: Years 31 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... C. HARPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931, to Jan. 17, 1931

that I last saw her alive on Jan. 17, 1931

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tuberculosis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) David Penner M. D.

1-17 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Jan 20, 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Ashland Ave

1-30—M. & T.—100 B—50L

E 64422

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64422

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST 5-8 WARD)

2-FULL NAME Sadie Barshop

(a) RESIDENCE NO 909 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel Barshop

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75 74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Krief

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel *** *

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Barshop
(Address) 909 E. Fayette St

15 Filed N 20 1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Apoplexy

..... (duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis
..... (duration) lo? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Allen, M. D. Coroner

Jan 19/31, 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 1/20 1931

20 UNDERTAKER Jos Levinson & Bro

ADDRESS 1117 E Balto st

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64423

CERTIFICATE OF DEATH

E 64423

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Agnes Hospital St., ... Ward)

2-FULL NAME Thos. O'Keefe

(a) RESIDENCE NO. 3063 Stafford St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine Hafer

6 DATE OF BIRTH (month, day, and year) 7/8/96

7 AGE: Years 34 | Months 6 | Days 10 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Md
(State or country) .....

PARENTS

10 NAME OF FATHER Thomas O'Keefe

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country) Thos. O'Keefe

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Catherine O'Keefe
(Address) 2587 Holling St

15 Filed ..... 19..... C. Ramsey Jones, M. D.
COMMISSIONER OF HEALTH

JAN 20 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Asphyxiation from illuminating gas at home. Accident
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. H. Brooks, M. D.
1/18, 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL 1/21 1931

20 UNDERTAKER John F. Cowan & Son

ADDRESS Gwynn Oak Md.

important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64424

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 3-4 WARD)

2-FULL NAME George Szymanski

(a) RESIDENCE NO 630 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 31/1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Szymanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Dora Smandowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Father
(Address) 630 S. Bond St

15 Filed 20 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to hsl death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure
Bronchial Asthma

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History DR. Athey

(Signed) J. W. Allen, M. D. Coroner

Jan. 18, 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loch Raven — DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Mr. W. E. Offutt — ADDRESS 37 Lanvale

Spec.—9-30—A. & Co.—250 Bks.

E 64425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64425

131

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No 2708 Elliot St 1 WARD)

2 FULL NAME John Harratt Harratt

(a) RESIDENCE No. 3023 Odonnell ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florance Harratt

6 DATE OF BIRTH (month, day, and year) March 10 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria Poland

PARENTS

10 NAME OF FATHER ? Harratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Michael Harratt
(Address) 3023 Odonnell St

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

201931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1931, to Jan. 18, 1931

that I last saw him alive on Jan. 18, 1931

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Nephritis Interstitial

(duration) 3? yrs. mos. ds.

CONTRIBUTORY (Secondary) (Pulmonary Edema)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo D Lipsey M. D.

19 (Address) 431 S. Patterson Pk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL Jan 21 1931

20 UNDERTAKER M. W. E. Duppel Inc — ADDRESS 37 Lamb St

Spec.—1-30—M. & T.—250 Bks

E 64426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64426

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1107 Orleans ST. 5-8 WARD)

2-FULL NAME Amanda Easter

(a) RESIDENCE NO. 1107 Orleans St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) NC
(State or country)

PARENTS

10 NAME OF FATHER John Easter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) NC

12 MAIDEN NAME OF MOTHER Lizzie Thomas

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) NC

14 Informant Eosie Easter
(Address) 1107 Orleans St

15 Filed ..... 19 ..... Registrar

C. H. EMPSON JONES, M.

JAN 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16, 1931, to 1-18, 1931, that I last saw h live on 1-18, 1931, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Auto Pneumonia Lobar

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? ..... Date of .....

Was there an autopsy? —— What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

1-19 1931 (Address) 608 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Lethe Gross

ADDRESS 1708 Ashland Ave

Spec.—1-30—M. & T.—250 Bks

E 64427 HEALTH DEPARTMENT—CITY OF BALTIMORE 53-001 E 64427

CERTIFICATE OF DEATH.

REGISTERED NO. 99170

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

2-FULL NAME Leila C. James

(a) RESIDENCE NO. 329 Guyon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Wm. L. James

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Clark

13 BIRTHPLACE OF MOTHER (city or town) Phila (State or country) Pa

14 Informant Wm. R. James (Address) 1671 E. 17th St Brooklyn N.Y.

15 Filed ....19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19-1931

17 I HEREBY CERTIFY, That I attended deceased from November 20, 1930 to January 19, 1931, that I last saw her alive on January 9, 1931, and that death occurred, on the date stated above, at 1:00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Kidney

Unknown (duration) yrs. mos da.

CONTRIBUTORY (Secondary) Metastases to lungs

Unknown (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes - Nephrectomy left Date of Dec 29, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic Section

(Signed) Vernon H. Norwood M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cem

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Wm J Tickner Son

ADDRESS N. Pa

Spec.—1-30—M. & T.—250 Bks.

64428

186-001 E 64428

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64428

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U M H.

CITY OF BALTIMORE: (No. Union Memorial ST. 50 WARD)

2-FULL NAME Louise Noble Ballard

(a) RESIDENCE NO. 2201 N Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 25 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82		3	24	

8 OCCUPATION OF DECEASED—School Teacher ~~Home~~

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer 20 yrs.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Edward Ballard

11 BIRTHPLACE OF FATHER (city or town) Somerset Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Smith

13 BIRTHPLACE OF MOTHER (city or town) Alexandria
(State or country) Va

14 Informant J. Edward Ballard
(Address) 300 E. 30th St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Jan 18, 1931, that I last saw her alive on Jan 18, 1931, and that death occurred, on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:—
~~Uremia~~ Chronic Nephritis
Dr. Coroner John Monroe

(duration) yrs. 1 mos. 8 da.

CONTRIBUTORY (Secondary) Fracture of Rt. Femur
(duration) yrs. 1 mos. 8 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Blood Chem.

(Signed) Francis W. Gluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Jan 21, 1931

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS N & Pa Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 64429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64429

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1630 N. Milton Av ST 816 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Marie Watts.

(a) RESIDENCE No 1630 N. Milton Av ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alonzo H. Watts.

6 DATE OF BIRTH (month, day, and year): Nov. 17-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thomas. Burns.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Regan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary Watts (Daughter)

(Address): 1630 N Milton

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 18-1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to January 18, 1931 that I last saw her alive on January 17, 1931 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonary Tuberculosis

(duration) ..... yrs. 7 mos. 18 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos. F. A. Stevens M. D.

1-18 1931 (Address) 2878 Sargent Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 21. 1931

20 UNDERTAKER: Bela Windefeld — ADDRESS: 914 Greenmount Ave

JAN 20 1931 C. HAMPSON JONES

Spec.—2-19-28—L. F. S.—500 Bks.

E 64430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64430

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E. 28th ST., 9-46 WARD)

2—FULL NAME SARAH ELIZABETH O'BRIEN

(a) RESIDENCE NO. 606 E. 28TH ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. O'Brien

6 DATE OF BIRTH (month, day, and year) May 11, 1857

7 AGE: Years 74 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles F. Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Leah Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary Jane Gibson

(Address) 606 E. 28th St

15 Filed 20 1931 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN. 19, 1931.

17 I HEREBY CERTIFY, That I attended deceased from FEB. 22, 1929, to JAN. 19, 1931, that I last saw her alive on JAN. 19, 1931, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

CHRONIC VALVULAR HEART DISEASE

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) John K. Abercrombie, M. D.

, 19 (Address) 3514 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Jan. 22, 1931

20 UNDERTAKER: Rita Wiedefeld

ADDRESS: 914 Gren

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 64431

CERTIFICATE OF DEATH

E 64431

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2881 Kenny St. St. 70-69 Ward)

2-FULL NAME Elmer Kruman

(a) RESIDENCE NO. 2881 Kenny St St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Chas Kruman

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Norris

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Elizabeth Norris.
(Address) 2881 Kenny

15 Filed ..... 19 ..... Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchio Pneumonia
Formaldehyde Cirrh

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY* (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Brooks M. D.

Jan 20 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 20 1931
20 UNDERTAKER	ADDRESS
Harry K. Tietzke	4101 Edmondson Ave

JAN 20 1931 HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

B 64432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

133-001 64432

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Clifton Ave ST. 15-65 WARD

2-FULL NAME Ida L Biggs

(a) RESIDENCE NO. 4305 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Romeo Biggs

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years 66 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Trocey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Richard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Romeo Biggs
(Address) 4305 Clifton Ave

15 Filed JAN 20 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jan 19, 1931, that I last saw h i alive on Jan 17, 1931, and that death occurred, on the date stated above, at 8 20 a m.

The CAUSE OF DEATH* was as follows:

myocarditis — pyelitis — Cystitis. acute nephritis — about 4 months
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + laboratory

(Signed) W. S. Nibbitt M. D.

Jan 20 1931 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL 1/22 1931

20 UNDERTAKER J J Doherty & Son — ADDRESS 1318 Light

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 64433 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64433

CERTIFICATE OF DEATH.

47-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 E. Balto St ST., 9-5 WARD)

2-FULL NAME Harry Goodman

(a) RESIDENCE No. 1305 E. Balto St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Goodman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jos. Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1439 E Balto St

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

N 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1930 to 1/19 1931, that I last saw him alive on 1/19 1931 and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx

(duration) yrs. 10 mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Rodium

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. G. Hornaker, M. D.

1/20 1931 (Address) 733 Ausgusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 1-20- 1931

20 UNDERTAKER Jack Levine, 1439 E Balto St — ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

E 64434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64434

CERTIFICATE OF DEATH

93-003

15-58

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2529 Quantico Ave. St. WARD

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry (Itzkoff) ISAKOFF

(a) RESIDENCE No. 2529 Quantico Ave., ST., WARD
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Itzkoff

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 60 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Sodia Itzkoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Miriam H —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sam
(Address): 1439 E. Balt. St.

15 Filed ..., 19... J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1930, to Jan 20th, 1931 that I last saw him alive on Jan 18, 1931 and that death occurred, on the date stated above, at 12 30 A. m. The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency, Hydrothorax, Ascites & general edema

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Hypertrophy & Myocardial Degeneration moderate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory Exam

(Signed) A. Phillips M. D.

Jan 20, 1931 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Rosedale — DATE OF BURIAL: 1-20 1931

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balti St

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

34-002

C 64435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64435

REGISTERED NO.

1—PLACE OF DEATH Good Shepherd Lenox Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5512 Gilmore St. 27-4 WARD)

2—FULL NAME Hattie Brown

(a) RESIDENCE NO. 2322 Ivy Ave. WARD Morgan Park
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4, 1901

7 AGE Years 29 Months 6 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wallace Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Samuel Cromwell (Address) Elsinboro Md

15 Filed JAN 26 1931, 19 H. LISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 20, 1931, that I last saw he alive on 1-20, 1931, and that death occurred, on the date stated above, at 1:15 a.m.

The CAUSE OF DEATH* was as follows: Purulent Cystitis of Renal Origin

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W R Boykin, M. D.

, 19 (Address) 1512 Gilmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hopkins Chapel

DATE OF BURIAL Jan 22, 1931

20 UNDERTAKER Easton Son

ADDRESS Edmondson

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64436 11-001 E 64436

REGISTERED NO. 22-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 64436

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 43 E. York St. ST. ..... WARD)

2-FULL NAME Louis H. West

(a) RESIDENCE NO. 43 E. York St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Mr. 13 1927

7 AGE: Years 3 Months 2 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Julius H. West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Era. Imay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Julius H. West (Address) 43 E. York St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 19, 1931, that I last saw h..... alive on Jan 19, 1931, ... m. and that death occurred, on the date stated above, at ..... The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos 2 da.

CONTRIBUTORY (Secondary) Influenza (duration) ..... yrs. ..... mos. 4 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) J. H. Wheldle, M. D.

1/19, 1931 (Address) 1279 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson's Cem

DATE OF BURIAL: Jan. 21, 1931.

20 UNDERTAKER: Wendell L. Lippel

ADDRESS: 300 Edmondson

FEB 20 1931 E. HAMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 64437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64437

CERTIFICATE OF DEATH.

REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Lucas Memorial Hos.

CITY OF BALTIMORE: (NO. 1002 Eutaw Ave. ST. 14 WARD 7)

2-FULL NAME Cecilia Hunter

(a) RESIDENCE NO. 1702 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-29-1849

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susannah Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E. Dalton
(Address) 3 Dec.

15 Filed 2 6 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930, to Jan 19, 1931, that I last saw her alive on Jan 18, 1931, and that death occurred, on the date stated above, at 8:10 P.m.

The CAUSE OF DEATH* was as follows:

Fractured Femur

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Myocarditis Cystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory Examinations

(Signed) Victor E. Jones, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER John C. Whitehill Funeral Home

ADDRESS Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 64438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64438

CERTIFICATE OF DEATH.

150

REGISTERED NO. 1352

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 Beech Ave. ST., 13 WARD)

2-FULL NAME Anna J. Hambaugh

(a) RESIDENCE No. 3310 Beech Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of George H. Hambaugh

6 DATE OF BIRTH (month, day, and year) March 24-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Daniel C. Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah J. Buell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George H. Hambaugh

(Address) 3310 Beech Ave.

15 Filed JAN 20 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931 to Jan. 18, 1931, that I last saw her alive on Jan. 18, 1931, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia following confinement (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. R. Campbell M. D.

1/19, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Jan. 21 1931.

20 UNDERTAKER Horace F. Burgee

ADDRESS 3631 Falls Road

Spec.—1-30—M. & T.—250 Bks

E 64439

E 64439

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 72-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway ST. 69 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM EARLE STILWELL

(a) RESIDENCE NO. Cincinnati, Ohio Rawson Woods Lane ST., _____ WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ✓ yrs. _____ mos. 5 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Katherine Stilwell

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	62	–	–	

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work Principal of a Private School, Cincinnati, O.

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Syracuse, N.Y.

PARENTS

10 NAME OF FATHER Franklin J. Stilwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Frances A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Katherine F. Stilwell
(Address) Cincinnati Ohio

15 Filed JAN 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 10th, 1931, to January 20th, 1931, that I last saw him alive on January 20th, 1931, and that death occurred, on the date stated above, at 4:45 a.m.

The CAUSE OF DEATH* was as follows:

Myelogenous leukaemia (duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Secondary anaemia (duration) _____ yrs. ✓ mos. _____ ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? ✓

What test confirmed diagnosis? Blood smears and white count

(Signed) Vernon H. Norwood, M.D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cincinnati Ohio — DATE OF BURIAL Jan 20 1931

20 UNDERTAKER Hughes & Mc Ind — ADDRESS 1 N Broadway

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64440

CERTIFICATE OF DEATH.

93-003 64440

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2915 Huntingdon Ave. WARD 51)

2. FULL NAME Marion D. Passano

(a) RESIDENCE No. 2915 Huntingdon Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Passano

6 DATE OF BIRTH (month, day, and year) June 14, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hick Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Leonard J. Passano
(Address) 2915 Huntingdon Ave.

15 Filed Jan 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930 to Jan 30, 1931 that I last saw he alive on Jan 30 1931 and that death occurred, on the date stated above, at 4:35 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clarence E. Wade M. D.

19 (Address) 803 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Wm Pickner & Sons ADDRESS North Ave

Spec.—1-30—M. & T.—250 Bks.

44465

E 6444I

E 6444I

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 157-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Paul Sasser

(a) RESIDENCE NO. Conway - S-Car ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7-1929

7 AGE 1 Years 2 Months 13 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home girl

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) S- Car -

PARENTS

10 NAME OF FATHER Paul Sassey

11 BIRTHPLACE OF FATHER (city or town) (State or country) S - Car -

12 MAIDEN NAME OF MOTHER Sarah Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S - Car

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 26 1931 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Jan. 20, 1931, that I last saw him alive on Jan - 20, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Congenital malformation of G. I. tract (duration 8 yrs. 13 mos. ..... ds.

18 Where was disease contracted if not at place of death? Conway, S.C.

Did an operation precede death? Yes Date of 1/18/30

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Karen O'G. Warren, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Conway S Carolina — DATE OF BURIAL Jan 20 1931

20 UNDERTAKER John O Mitchell Hom — ADDRESS 1910 Eutaw Pla

Spec.—1-30—M. & T.—250 Bks.

E 64442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64442

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 E. University Parkway ST., 12-49 WARD)

2-FULL NAME William W. McCullough,

(a) RESIDENCE NO. 323 E. University Parkway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of or) ~~WIFE of~~ Frieda A. J. McCullough,

6 DATE OF BIRTH (month, day, and year) May 12. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary Bagby 086

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John McCullough,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Isabelle Thompson,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. F. A. J. McCullough
(Address) 323 E. University Parkway

15 Filed JAN 20 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 17, 1931, to Jany 19, 1931, that I last saw him alive on Jany 19, 1931, and that death occurred, on the date stated above, at 6.10 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension or Arteriosclerosis (duration) 18 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Phillip Thomas, M. D.

Aug 28, 1931 (Address) 1228 Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL JAN 22 1931, 19

ADDRESS 2700 EDMONDSON AVE.

20 UNDERTAKER Robert S. Little

Spec.—9-30—A. & Co.—250 Bks.

64443 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64443

CERTIFICATE OF DEATH.

23

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

14-00

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2. FULL NAME Robert Newman

(a) RESIDENCE NO. 632 Laurens st. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Newman

6 DATE OF BIRTH (month, day, and year) Mch. 22, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Charlestown (State or country) West Va.

PARENTS

10 NAME OF FATHER James Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va.

12 MAIDEN NAME OF MOTHER Julia Mash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va.

14 Informant Hospital Records (Address)

15 Filed 1-20 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 19 30, to Jan. 19, 19 31 that I last saw him alive on Jan. 19, 19 31 and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

1-20 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown W. Va.

DATE OF BURIAL Jan. 21st 1931

20 UNDERTAKER Leo G. Brook

ADDRESS 1723 Patt. Pk. Av.

Spec.—1-30—M. & T.—250 Bks

E 64444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64444

93-103

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 413 N. Milton ave ST., 6-10 WARD)

2-FULL NAME Amelia T. Leggeman

(a) RESIDENCE NO. 413 N. Milton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Leggeman

6 DATE OF BIRTH (month, day, and year) July 1, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79 80		6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles F. Meyer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Teresa Bertsch

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Laura Meyer
(Address) 413 N. Milton ave

15 Filed ....., 19 .... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Jan 18, 1931, that I last saw her alive on Jan 18, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Cerebral Hemorrhage.
(duration) yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency, Pulmonary Edema
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis ....

(Signed) M. L. Geyer, M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 21, 1931

ADDRESS 801 N. Fagette

20 UNDERTAKER Mr & Mrs John W. Deindel & Son

FEB 20 1931

Spec.—1-30—M. & T.—250 Bks.

E 64445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64445

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Harry G. Clarke

(a) RESIDENCE No. 1532 Grandin ST., Ax WARD Pittsburg Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Mate G. Ridel

6 DATE OF BIRTH (month, day, and year) March 12 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of Industry, business, or establishment in which employed (or employer) ...

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Penn
(State or country)

PARENTS

10 NAME OF FATHER John Clarke

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Anna Holmes

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Records
(Address) ...

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 20 - 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Jan 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 2 40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. M. Fisher M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburgh Pa

DATE OF BURIAL January 20 1931

20 UNDERTAKER John O Mitchell & Sons

ADDRESS 918 Eutaw Place

JAN 21 1931

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

124 E 64446

CERTIFICATE OF DEATH.

E 64446

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2719 N. Calvert ST. 7-50 WARD)

2-FULL NAME Clementine B. Craig

(a) RESIDENCE NO. 2719 N. Calvert ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~(HUSBAND)~~ of
(or) WIFE of Geo. Henry Craig

6 DATE OF BIRTH (month, day, and year) Nov. 11 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1857	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs C. Craig
(Address) 2719 Calvert St.

15 Date 1931 C. HAMPSON JONES, M. D. Registrar
By ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 19, 1931, that I last saw h alive on Jan 19, 1931, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of Lungs
due to Cerebrovascular Hemorrhage
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual test

(Signed) H. M. Grant, M. D.

Jan. 20, 1931 (Address) 3217 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 22 1931

20 UNDERTAKER	ADDRESS
Mary M. Wuebfeld	501 E 22nd St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64447

92-001 E 64447

REGISTERED NO. 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Abell Ave ST.) (WARD)

2—FULL NAME Mary Teresa ~~Jose~~ Dorsey

(a) RESIDENCE NO. 3004 Abell Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 7-1851

7 AGE: Years 79 Months 8 Days 12 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): old

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary - don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Ann Callus

(Address): 3004 Abell Ave

15 Filed ..... 19 ..... Registrar

20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930, to January 19, 1931, that I last saw him alive on January 18, 1931 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic endocarditis - Cerebral + left Brachial embolus (duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual ones

(Signed) F. J. Kirby M. D.

(Address) 110 E North Ave

Jan 20 31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: Jan 21. 1931

20 UNDERTAKER: Rita Wiedefeld

ADDRESS: 914 Fremont Ave

Spec—0 30—A. & Co.—250 Blks

E 64448 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64448

CERTIFICATE OF DEATH.

108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 618 S. Washington St. 4-4 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cecilia Wankowski

(a) RESIDENCE No. 618 S. Washington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 19 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) Girl

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Wanlowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Emilia Kolakowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Michael Sharrick
(Address) 618 S. Washington St.

15 Filed ..... 19 ..... Registrar

2 0 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 31, to Jan 20 31, that I last saw her alive on Jan 20 31, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ryan M. D.
Jan 20 31 19 (Address) 834 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL 23 1931

20 UNDERTAKER John M Weber ADDRESS 901 S Broadway

1-30—M. & T.—100 B—50L

E 64449

HEALTH DEPARTMENT—CITY OF BALTIMORE

216-00 E 64449

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md General Hospital WARD 21

2-FULL NAME Isabell Phelps Bull

(a) RESIDENCE NO 1943 Clifton Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chester H. Bull

6 DATE OF BIRTH (month, day, and year) Jan 23rd 1887

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Zeigler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas H. Bull
(Address) 1943 Clifton Ave

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.
1 07 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down down by auto while running across street

(A) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Coroner's Ward

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Frame, M. D. Coroner

1/20, 1931 (Address) Hygeia Elderly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 1/22 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks

Dr Campbell 1600 S Hanover St
South 0059
9 P.M.

E 64450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 64450

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Jackson St. 24-34 WARD)

2 FULL NAME Sophia L Bennett

(a) RESIDENCE No. 1609 Jackson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 5th 1849

7 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
81	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Matilda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friman Lazinora
(Address) 1513 Marshall St

15 Filed Jan 26 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 20, 1931

that I last saw her alive on Jan 20, 1931

and that death occurred, on the date stated above, at 8-45 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Findings

Jan 20 1931 (Signed) R. E. T. Campbell M.D.
(Address) 76 x x Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: East New Market, Md. Cemetery

DATE OF BURIAL: 1/21/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 64451

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 N. Spring ST. 9-17 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad J. Dressel

(a) RESIDENCE NO. 1631 N. Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Barbara Dressel

6 DATE OF BIRTH (month, day, and year) July 27 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver of horse

(b) General nature of industry, business, or establishment in which employed (or employer): truck

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md. K.

14 Informant: Mrs. Barbara Dressel
(Address) 1631 N. Spring St.

15 Filed JAN 21 1931 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1931

17 I HEREBY CERTIFY, That I attended deceased from JAN 19 1931, 19..., to JAN 20 1931, 19..., that I last saw HIM alive on JAN 20 1931, 19..., and that death occurred, on the date stated above, at 1:45 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
after Cerebral Embolism

(duration) 7 yrs. 6 mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Otto H. Butler, M. D.

Jan 21, 19 31 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Jan. 23 1931

20 UNDERTAKER: Henry Heck Sons Inc.

ADDRESS: 1801 E. Eager

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64452

CERTIFICATE OF DEATH.

124-OE 64452

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Plum ST. 23-31 WARD)

2. FULL NAME Alice O'Neil

(a) RESIDENCE No. 905 Plum ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence O'Neil.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) (?)

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?)

14 Informant Clarence O'Neil
(Address) 905 Plum Hwy

15 Filed JAN 26, 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/31

17 I HEREBY CERTIFY, That I attended deceased from 6/15, 1930, to 1/18, 1931

that I last saw her alive on 1/18, 1931

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows: Cirrhosis of the liver

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) General ascites

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11/16/30

Was there an autopsy? Because of Obtained

What test confirmed diagnosis? Operation & autopsy

(Signed) W. H. Carroll M. D.

1/30/30 (Address) 830 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Jan 21 1931

20 UNDERTAKER J. L. Brown & Son

ADDRESS 1080 Montgomery

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64453

CERTIFICATE OF DEATH.

94-001 64453

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 848 E Pratt ST. 3-5 WARD)

2-FULL NAME Anna Levinson

(a) RESIDENCE No. 848 E Pratt ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 62 (63) Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): (037)
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Meyer Levinson
(Address): 848 E Pratt St

15 Filed Jan 21 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Jan. 20, 1931, that I last saw her alive on 1/5/31, and that death occurred, on the date stated above, at 8⁰⁰ PM.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
Myocardial Insufficiency
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cholecystitis. Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theo. H. Morrison M. D.

Jan 16 1931 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 1/21 1931

20 UNDERTAKER: Sol Levinson & Bros

ADDRESS: 1127 E Baltimore St

Spec.—1-30—M. & T.—250 Bks.

E 64454 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64454

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. University Hospital ST., ~~WARD~~)

2-FULL NAME John Gackowski

(a) RESIDENCE No. 1710 Lancaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frances Gackowski

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: Years 74 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): 088
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS
10 NAME OF FATHER: Not Known
11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known
12 MAIDEN NAME OF MOTHER: Not Known
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Catharine Gackowski
(Address) 408 S. Bond St.

15 Filed JAN 21 1931 19 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 12 30 Am.

The CAUSE OF DEATH* was as follows:
Papilloma of Bladder
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Examination & Autopsy

(Signed) Rollin T. Hudson M. D.

1-20 1931 (Address) University of Maryland Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: St. Stanislaus

DATE OF BURIAL: 1/23 1931

20 UNDERTAKER: William Giaczowski

ADDRESS: 408 Eastern

1-30—M. & T.—100 B—50L

E 64455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X93 V-003

E 64455

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 4-17 WARD)

2-FULL NAME Charles E. Hobbs

(a) RESIDENCE NO 229 St. Helena Ave., St. Helena, Md St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hobbs

6 DATE OF BIRTH (month, day, and year) Aug 15/1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Frances Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Anna Hobbs
(Address) 229 St. Helena Ave. St. Helena

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Decompensation
Cardiac Dilitation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. H. Callen, M. D. Coroner

Jan 20/31, 19 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 1/21 1931

20 UNDERTAKER John G. Connelly

ADDRESS Essex, Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64456

CERTIFICATE OF DEATH.

108 VE 64456

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1505 Jefferson ST. 5-9 WARD)

2-FULL NAME Amanda Butler

(a) RESIDENCE NO. 1505 Jefferson ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) april 12, 1862

7 AGE: Years 68 Months 9 Days 11 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: James S. Davis
(Address) 2207 N. Eutaw St.

15 Filed JAN 21 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Jan 19, 1931, that I last saw her alive on Jan 19, 1931, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) Calvin B. LeCompte, M. D.

, 19 (Address) 1113 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Lawn

DATE OF BURIAL: 1/22/31

UNDERTAKER: W. E. Williams

ADDRESS: 1515 Madison St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 64457

CERTIFICATE OF DEATH.

E 64457

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Streeper ST., 6-11 WARD)

2-FULL NAME Annie D. Bremer

(a) RESIDENCE NO. 107 N. Streeper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John W. Bremer

6 DATE OF BIRTH (month, day, and year) Jan 4-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83		15	

8 OCCUPATION OF DECEASED At home

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John J. Bollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John J. Bremer
(Address) 107 N. Streeper

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 19 31 to 1-18-31 19 31, that I last saw the alive on 1-18-31 19 31 and that death occurred, on the date stated above, at 4:20 p.m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. Morgan Lynch M. D.

(Address) 1 E. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 22 1931

ADDRESS 2008 Aliceanna

20 UNDERTAKER John Ulrich

JAN 21 1931 C. HOWARD JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

64458

HEALTH DEPARTMENT—CITY OF BALTIMORE

45-8 E 64458

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 S. Highland Ave. ST. 26 WARD) 26-1

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary A. Dasch.

(a) RESIDENCE No. 1122 S. Highland Ave. ST. 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John Dasch.

6. DATE OF BIRTH (month, day, and year): June 26/1878.

7. AGE: Years 53 Months 6 Days 23 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 039
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10. NAME OF FATHER: Peter Jurs.
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Margaret Braunschweiger
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant: Joseph Dasch.
(Address) 608 S. Grundy St.

15. Filed: T. Jos. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Jan. 18/31

17. I HEREBY CERTIFY, That I attended deceased from 1/9, 1931, to 1/18, 1931
that I last saw her alive on 1/17, 1931
and that death occurred, on the date stated above, at 7/5 A. m.

The CAUSE OF DEATH* was as follows:
Osteo sarcoma superior maxillary bone
(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation
(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Garrell M. D.
1/19 1931 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL Jan. 21/31 19

20. UNDERTAKER: Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

1-30—M. & T.—100 B—50L

E 64459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29-001

E 64459

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 26-32 WARD

2-FULL NAME Josephine Graber

(a) RESIDENCE NO 3734 Mt. Pleasant Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Anton J. Graber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmongton, Del.

12 MAIDEN NAME OF MOTHER Anna M. Archer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Anton J. Graber
(Address) 3734 Mt. Pleasanr Ave

15 Filed ..... 1932 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumococcic Meningitis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? ~~Clinical~~

(Signed) J. E. Miller, M. D.
Coroner

Jan. 21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL Jan 22 1931

20 UNDERTAKER Lilly + Zeiler inc

ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks.

E 64460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64460

CERTIFICATE OF DEATH.

108

12-51

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Mace ST. ..... WARD)

2-FULL NAME Earl Murry

(a) RESIDENCE NO. 2416 Mace ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 5, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) ohio

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balty. Md.

PARENTS

10 NAME OF FATHER John Murry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Esther Murry
(Address) 2416 Mace Balto

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931 to Jan 18, 1931, that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) C. D. Hall, M. D.

, 19 (Address) 1246 23 St Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary — DATE OF BURIAL 1/21 1931

20 UNDERTAKER Mrs. N. A. Elliott — ADDRESS 1729 Ashland Ave

JAN 21 1931 JOHN JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 64461

CERTIFICATE OF DEATH.

2 10 - 001

E 64461

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 01-29 St. 1 Ward)

2-FULL NAME Howard E. Bowen

(a) RESIDENCE NO. 1246 Glyndon Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine A. Bowen

6 DATE OF BIRTH (month, day, and year): July 20, 1890

7 AGE: Years 40 Months 6 5 Days 28 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lithographer

(b) General nature of Industry, business, or establishment in which employed (or employer): 069

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Calvert Co., Md.

PARENTS

10 NAME OF FATHER Crumpton G. Bowen

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Calvert Co., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Calvert Co., Md.

14 Informant Mrs. Catherine A. Bowen (Address) 1246 Glyndon Ave.

15 Filed JAN 21 1931, 19 _____ Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: An auto is supposed to have run him down according to information at hand (auto accident)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Pneumonia (Possible)

Secondary Shock Fract. Tibia & Fibula, Dislocation

(duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Krause (Coroner) M. D.

1/19, 1931 (Address) 2989 Mus Eldeiz

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Marlfold & Pratt St

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: Jan 21 1931

20 UNDERTAKER: John F. Denny ADDRESS: 715 Light St

1-30—M. & T.—100 B—50L

E 64462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64462

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Gen Hosp ST. 18-26 WARD)

2-FULL NAME Jennie M. Short

(a) RESIDENCE No. 1129 W Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

1129 W Mulberry St

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Out
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Burton Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Milburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Burton Short
(Address) 1129 Mulberry

15 Filed ..... 192 ..... Registrar

1931 C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema, few days
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H. Beffrich, M. D. Coroner

(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery

DATE OF BURIAL June 22, 1931

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 N Schroeder St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64463

E 64463

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute Hopkins Hospital ST., 7-10 WARD)

2-FULL NAME Israel Samuels

(a) RESIDENCE NO 2314 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2.1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Universal Carloading Co

9 BIRTHPLACE (city or town) (State or country) Glasgow, Scotland

PARENTS

10 NAME OF FATHER Harry Samuels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Samuels
(Address) 2314 Jefferson St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cerebral Hemorrhage
(Apoplexy)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. E. Nelson, M. D.
Coroner

Jan. 21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbor Rosedale

DATE OF BURIAL 1/21 19 31

20 UNDERTAKER Sol Weisman & Bro

ADDRESS 1127 E Balto st

Spec.—2-29-28—L. F. S.—500 Bks.

E 64464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64464

CERTIFICATE OF DEATH

82-00

REGISTERED NO. 64464

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N. Fulton Ave. STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Florence Talbott

(a) RESIDENCE NO. 1013 N. Fulton Ave. (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 18[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

069

9 BIRTHPLACE (city or town) (State or country) A. A. Co.

PARENTS

10 NAME OF FATHER Thomas H. Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co

12 MAIDEN NAME OF MOTHER Sarah Soper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co.

14 Informant Wm Sheckells

(Address) 1013 N. Fulton ave.

15 Filed 2 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Jan 20, 1931, that I last saw her alive on Jan 19, 1931 and that death occurred, on the date stated above, at 5-02 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? P.E.

(Signed) Homer C. Dodd, M. D.

1/26, 1931 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Jan 23 1931

20 UNDERTAKER A. J. Fiske

ADDRESS 1013 N. Fulton Ave

1-30—M. & T.—100 B—50L

Pearl E. Garner

E 64465

HEALTH DEPARTMENT—CITY OF BALTIMORE

82 1001

E 64465

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. STREET 19-128 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl E Garner

(a) RESIDENCE NO 38 S Fulton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blair F. Garner

6 DATE OF BIRTH (month, day, and year) Sept 14, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work H. W.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Euen Staum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Essie Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

14 Informant Mr. Blair F. Garner

(Address) 38 S. Fulton Ave

15 Filed JAN 21 1931, 192 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. T. Bronke, M. D. Coroner

Jan 20 1931 (Address) Bronchy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cmt	Jan 23 1931
UNDERTAKER Fortman & Fox 1723	ADDRESS W Lafayette Ave

1-30—M. & T.—100 B—50L

BARR

64466

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64466

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 20-10 WARD)

2-FULL NAME Charles B. Barr

(a) RESIDENCE No 416 N. Edgewood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (3) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida R. Barr

6 DATE OF BIRTH (month, day, and year) Aug 20 - 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y. City

PARENTS

10 NAME OF FATHER — Barr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. M. Cahn
(Address) 416 N. Edgewood St

15 Filed ..... 192 ..... Registrar

C. HAMPSON COHEN, M.D.

21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D. Coroner

Jan. 19 31 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 2 3/31

20 UNDERTAKER John J. Conny & Bro.

ADDRESS 24 S. Greene

Spec.—1-12-23—M&T—500 Bks.

64467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 64467

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Presstman St., 14-20 WARD)

2-FULL NAME James E. Collier

(a) RESIDENCE NO. 510 Presstman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-23-1930

7 AGE: Years ..... Months 3 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — odd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos. E. Collier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Atlanta Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jos. Collier
(Address) 510 Presstman

15 Filed JAN 21 1931, 19 ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 20, 1931, that I last saw h~~im~~ alive on Jan 20, 1931 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza + infected tonsils

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. Schedling, M. D.

1/24, 1931 (Address) 1230 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 1/21 1931

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Presstman St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E 64468

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64468

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. 1304 Harlem Ave. ST. 16-23 WARD)

2-FULL NAME Carrie Reed

(a) RESIDENCE NO. 1304 Harlem Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Cal

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Reed

6 DATE OF BIRTH (month, day, and year) May 1 1872

7 AGE 58 Years 59 Months 8 Days 16 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Fannie Reed
(Address) 1304 Harlem Ave

15 Filed JAN 21 1931 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-1931

17 I HEREBY CERTIFY, That I attended deceased from 1-12-1931, to 1-17-1931, that I last saw her alive on 1-17-1931, and that death occurred, on the date stated above, at 10 30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M. D.

1/19 1931 (Address) 6 Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion DATE OF BURIAL Jan 21 1931

20 UNDERTAKER Joseph A. Lively ADDRESS 4048 Mount St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64469

CERTIFICATE OF DEATH.

E 64469

REGISTERED NO. 2640

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 W. Cross St. Ward) 21-31

2-FULL NAME Julia Mary Smith

(a) RESIDENCE NO. 516 W. Cross St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 26, 1922

7 AGE: Years 8 | Months 8 | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bedford Co. Va

PARENTS

10 NAME OF FATHER Samuel Scott Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bedford Co. Va

12 MAIDEN NAME OF MOTHER Hattie Royal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Campbell Co. Va

14 Informant Samuel Scott Smith

(Address) 516 W. Cross St

15 Filed 1931 C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 20, 1931, that I last saw h.. alive on Jan 19, 1931, and that death occurred, on the date stated above, at 11:45 A.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. Six mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Med. and Lab. Exam

(Signed) Wm H. Watts, M. D.

Feb 1931 (Address) 928 Lemmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial Jan 22 1931

20 UNDERTAKER: Walter B Spriggs — ADDRESS 1612 W Hamburg St

very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64470

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64470

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 507 Wilson ST. 14-20 WARD

2-FULL NAME Elmer Battle

(a) RESIDENCE No 507 Wilson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Butte Mon
(State or country)

PARENTS

10 NAME OF FATHER Alford Battle

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Lessing

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Simon Battle
(Address) 507 Wilson

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos 3 ..... ds.

CONTRIBUTORY
(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible], M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-21 1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

1-30—M. & T.—100 B—50L

E 64471

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 64471

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 W. Mulberry ST. 4-76 WARD)

2-FULL NAME Thomas Stevens

(a) RESIDENCE NO 767 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) O.T.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maggie Higgins
(Address) 767 W. Mulberry St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemoptysis probably due to Pulmonary tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zeller M.D. Coroner

1/19 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-21 1931

20 UNDERTAKER Daniel Carter

ADDRESS 916 Eager

C. HAMILTON JONES, M. D.
21 1931

Spec.—9-30—A. & Co.—250 Blks.

E 64472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64472

108

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... S. 17-24 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edward A. Tyler

(a) RESIDENCE No. 614 W. Hoffman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) March 14 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Emanuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 2 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-31, 19..., to 1-19-31, 19...
that I last saw him alive on 1-19-31, 19...
and that death occurred, on the date stated above, at 2:20 P.m.
The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pericarditis, acute

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

1-21, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-21 1931

20 UNDERTAKER David Easton

ADDRESS 916 Pa. Ave.

THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64473

82-081

CERTIFICATE OF DEATH.

20-71

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Edmondson Ave. ST. ..... WARD)

2-FULL NAME Katie Grebe.

(a) RESIDENCE NO. 3901 Edmondson Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 68 yrs. ---------- ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, divorced or husband or) WIFE of George Grebe.

6 DATE OF BIRTH (month, day, and year) July 24, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	71	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Minnie Grebe. (niece)
(Address) 3901 Edmondson Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 9th, 1931, to January 20th, 1931, that I last saw her alive on January 19th, 1931, and that death occurred, on the date stated above, at 1 o. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Hemiplegia. (duration) ..... yrs. ..... mos 11 ds.

CONTRIBUTORY (Secondary) Acute dilatation of the Heart (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

1/20/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 23, 1931

20 UNDERTAKER Mr. Mrs. John W. Teufel & Son

ADDRESS 801 W. Fayette

TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

21 1931

Spec.—1-30—M. & T.—250 Bks

E 64474 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64474

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Carey ST. 18-26 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Neal

(a) RESIDENCE No. 119 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Neal

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queenstown. Md

PARENTS

10 NAME OF FATHER Leighman Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary McGill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant William D. Neal
(Address) 119 N. Carey St.

15 Filed FEB 1 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20/31

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to Jan. 20, 1931, that I last saw her alive on Jan. 17, 1931, and that death occurred, on the date stated above, at 9.35 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 10 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Frank M. Cooper, M. D.

, 19 (Address) 2701 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 22 1931.

20 UNDERTAKER Mr & Mrs John M. Teufel & Son — ADDRESS 801 W. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64475

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64475

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S. Ellwood ave ST., 2 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip L. Reis

(a) RESIDENCE No. 4 S Ellwood ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 3 - 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) United

(c) Name of employer Railway

9 BIRTHPLACE (city or town) Balt
(State or country)

PARENTS

10 NAME OF FATHER Wm Reis

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country)

12 MAIDEN NAME OF MOTHER Emma Heintz

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country)

14 Informant Lillian Reis
(Address) 4 S Ellwood ave

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Jan 21, 1931, that I last saw him alive on Jan 21, 1931, and that death occurred, on the date stated above, at 11 00 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis, tuberculosis rectum, ~~bronchopneumonia~~

(duration) 2 yrs. mos da.

CONTRIBUTORY (Secondary) Bronchopneumonia c pulm. Edema (duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin data

(Signed) L. Schlenger, M. D.

19 (Address) 303 S Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ho Redeemer — DATE OF BURIAL 1/24/31

20 UNDERTAKER J. G. Moran — ADDRESS 36 E Balto St

TION is very important. See instructions on back of certificates.

N 2 1931 C. HARRISON JONES, M. D.

1-30—M. & T.—100 B—50L

E 64476

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64476

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (NO.) 5 Franklin Square Hospital ST. WARD 9-46

2-FULL NAME Jos. Robert

(a) RESIDENCE NO 1819 E. 30 St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian M Robert

6 DATE OF BIRTH (month, day, and year): Sept 22/1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): City
(c) Name of employer: Md

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John J Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: J. E. Robert
(Address) 2608 E. McElderry

15 Filed 7 1 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chassell Brooks M.D. Coroner

June 15 1931 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: 1/22 1931

20 UNDERTAKER: J. A. Moran ADDRESS 300 E. Baltimore

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 64477

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64477

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1010 W. Lombard St. ST. 18-29 WARD)

2-FULL NAME Ella V. Bradburn

(a) RESIDENCE NO. 1010 W. Lombard St. ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Late Samuel R.Bradburn

6 DATE OF BIRTH (month, day, and year) Oct.27,1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John H. Crook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Thomas A. Kopp

14 Informant Mr. Cleff C. Bradburn
(Address) 15 N. Catherine St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 17, 1931, to January 19, 1931, that I last saw her alive on January 19, 1931, and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acidosis
(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Carvalho M. D.

1/20, 1931 (Address) 2st N Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 1/22/1931

20 UNDERTAKER John F. Cowan & Son.

ADDRESS 901 Druid Hill Av

FOR INSTRUCTIONS TO REGISTRARS, M. D.'S, ETC., SEE REVERSE SIDE OF THIS CERTIFICATE. IT IS VERY IMPORTANT THAT ALL ITEMS BE FILLED IN.

Spec.—1-30—M. & T.—250 Bks.

274132
E 64478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64478

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 12-51 WARD)

2-FULL NAME George Croll

(a) RESIDENCE NO. 3005 Cresmont ST., 62d WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Virginia H. Moore

6 DATE OF BIRTH (month, day, and year) Aug 13th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa -

PARENTS

10 NAME OF FATHER George Croll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1931, to Jan 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 8 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Pyelonephritis (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 1/14/31

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) L. H. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Jan 22 1931

20 UNDERTAKER Henry W. Jenkins Bros

ADDRESS McCulloh & Eutaw Sts

1-20—M. & T.—100 B—50L

(Frederick W. Franklin)

E 64479

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64479

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Sq. Hospital ST. (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick F. W. Franklin

(a) RESIDENCE No 1923 W. Lafayette ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary V.

6 DATE OF BIRTH (month, day, and year) June 10-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Henry W. Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER Helena Moses

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant Henry Franklin

(Address) 1923 W Lafayette

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

JAN 21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Brooks, M. D. Coroner

1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 23 1931

20 UNDERTAKER: Geo. W. Little

ADDRESS: 2700 E Monument

TION is very important See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64480

E 64480

131

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Wellesley ST. 70-78 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie C. Doering

(a) RESIDENCE NO. 528 Wellesley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 21 ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Doering

6 DATE OF BIRTH (month, day, and year) Aug 30, 1874

7 AGE: Years 56 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~H. W.~~ Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Charles Stockett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore (?) Md

12 MAIDEN NAME OF MOTHER Annie M. Stockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md (?)

14 Informant Charles Doering
(Address) 528 Wellesley

15 Filed JAN 21 1931 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/31

17 I HEREBY CERTIFY That I attended deceased from Jan 17, 1931, to Jan 19, 1931, that I last saw her alive on Jan 19, 1931, and that death occurred, on the date stated above, Jan 20 at 6 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardio-vascular disease (duration) (?) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

, 19 (Address) 1210 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 1/22/31

20 UNDERTAKER J. B. Kippert

ADDRESS 1306 Eutaw Place

1-30—M. & T.—100 B—50L

E 64481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 64481

77-33

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 E. Churchill St. ST. WARD

2-FULL NAME William Hubbard.

(a) RESIDENCE No 232 E. Churchill St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 8, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mariner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Martin V. Hubbard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Amanda Wright.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Grace Phillips. (sister)
(Address) 2704 Southern Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Geo M Kinkardt, M. D. Coroner

1/20/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 1/22 1931

20 UNDERTAKER W M Cook

ADDRESS 1217 St Paul St

THIS is very important. See instructions on back of certificate.

FEB 1 1931 C. HAMILTON JONES, M.D.

SEH

Spec.—9-30—A. & Co.—250 Bks

E 64482 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64482

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2. FULL NAME William Cather

(a) RESIDENCE NO. 2629 Lehman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie

6 DATE OF BIRTH (month, day, and year) April 3, 1868

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not working for years

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Robert W. Cather

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah P. James

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from 12-23-30, 19..., to 1-20-31, 19...

that I last saw him alive on 1-20-31, 19...

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. 1 mns. ds.

CONTRIBUTORY (Secondary) Hypertension and arteriosclerosis UNKNOWN (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

1-21, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/23 1931

20 UNDERTAKER J. M. Cook

ADDRESS 1217 Pad

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64483 108 E 64483

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Furrow ST. 20-69 WARD)

2—FULL NAME Charles G Hittel

(a) RESIDENCE NO. 435 Furrow ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	35	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Adam Hittel

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Madeline Miller

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore Md

14 Informant Eva Keehner
(Address) 435 Furrow

15 Filed ..... 19 .....

21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 19, 1931, that I last saw him alive on Jan 19, 1931 and that death occurred, on the date stated above, at 6 pm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Sputum Examination

(Signed) Walter A Coy, M. D.

1/21, 1931 (Address) 54 Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 22 1931

20 UNDERTAKER Vernon Keehner — ADDRESS 1532 Hollins

1-30—M. & T.—100 B—50L

E 64484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165 E 64484

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 633 Washington Blvd. (St.) 27-30 (Ward)

2-FULL NAME Andrew O. Thompson

(a) RESIDENCE No. 633 Washington Blvd. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Thompson

6 DATE OF BIRTH (month, day, and year) April 27-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Anna Thompson
(Address) 633 Washington Blvd.

15 Filed 1 21 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Death due to hanging.
Suicide.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Fillers, M. D. Coroner

1/21, 1931. (Address) 2709 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 1/23 1931

20 UNDERTAKER M. Cook

ADDRESS 1214 Druid Hill Ave

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64485

174

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Washington Blvd. WARD) 30

2-FULL NAME Annie C. Thompson

(a) RESIDENCE No 633 Washington Blvd. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Thompson

6 DATE OF BIRTH (month, day, and year) Dec. 24-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	0	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Anna Thompson
(Address) 633 Washington Blvd.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to stab wounds of arms & abdomen. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Feldser, M. D. Coroner

1/21, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 1/23 1931

20 UNDERTAKER: Mt. Cook

ADDRESS: 1219 St Paul St

TION is very important. See instructions on back of certificate.

C. HARRISON JONES, M. D.

21 1931

1-30—M. & T.—100 B—50L

E 64486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64486

CERTIFICATE OF DEATH

174

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 20-30 WARD)

2-FULL NAME Arnold Thompson

(a) RESIDENCE No 633 Washington Blvd. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15-1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet worker
(b) General nature of industry, business, or establishment in which employed (or employer) out
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Andrew Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Nancy C. Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Anna Thompson
(Address) 633 Washington Blvd.

15 Filed JAN 21 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to stab wound of left arm. Homicide

over

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 633 Washington Blvd.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feld, M.D. Coroner

1/21, 1931. (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 1/22 1931

20 UNDERTAKER W M Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

244492.

HEALTH DEPARTMENT—CITY OF BALTIMORE 108

E 64487

CERTIFICATE OF DEATH.

X E 64487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Harry C Crisswell

(a) RESIDENCE No. Arcade Apts ST., WARD Waynesboro Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lila

6 DATE OF BIRTH (month, day, and year) Dec-31-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	77	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Susan Trumel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2-2, 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 21, 1931, that I last saw him alive on Jan 21, 1931, and that death occurred, on the date stated above, at 10 45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, bilateral

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Surgical shock, benign prostatic hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? Yes Date of Jan. 20, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. H. Bauernschmidt, M. D.

1-21, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenhill Cemetery

DATE OF BURIAL 1/24 1931

20 UNDERTAKER F. E. Grove & Son Walter F. Grove

ADDRESS Waynesboro

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64438

E 64438

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Altamont Hotel (Eutaw Pl. & Lanvale St.) ST. 14 WARD)

2-FULL NAME Charles R. Cator

(a) RESIDENCE NO. Altamont Hotel (Eutaw Pl. & Lanvale. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): November 24 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robinson W. Cator

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary C. H. Pattison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? ? Md.

14 Informant: Mr. Franklin P. Cator (Brother)
(Address) 3333 N. Charles Street

15 Filed ..... 19 ..... Registrar

N 22 1931

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to Jan. 21, 1931, that I last saw it alive on Jan. 17, 1931, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Failure due to Chronic Endocarditis + Myocarditis.

(duration) 5 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion due to Chronic Ulcerations of Tract and abdomen +

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) M. Tilton Porter, M. D.

2, 19 31 (Address) 7822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Jan/22/31

20 UNDERTAKER: Stewart & Mowen Co.

ADDRESS: 108 W. North Ave.

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Cotton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64489

E 64489

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 47-24

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 552 W Lanvale ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Cotton

(a) RESIDENCE NO. 552 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: Years 67 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Corbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Cotton

(Address) 552 Lanvale St

15 Filed JAN 22 1931 19 HAMILTON JOHNS H. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20-31

17 I HEREBY CERTIFY, That I attended deceased from July 16 19 30 to Jan 20 19 31

that I last saw her alive on Jan 19 19 31

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary) 4

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. D. Hatche M. D.

1/20 19 31 (Address) 1248 Pen St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Jan 23 1931

20 UNDERTAKER John H Jordan

ADDRESS 1027 Hamd St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64490

107-001

E 64490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO. 22-30

CITY OF BALTIMORE: (NO. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia L. Taylor

(a) RESIDENCE NO. 611 Conway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm Taylor

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE: Years 30 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Horace Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Caroline Cooton
(Address) 202 W Hamburg St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan. 18, 1931, that I last saw her alive on Jan 18, 1931, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Fibrinous pleurisy + multiple lung abscesses (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Joseph Laukaitis, M. D.

(Address) South Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 22, 19 31

20 UNDERTAKER: John H. Jradin — ADDRESS: 102 Druid Hill

Spec.—2-20-28—L. F. S.—500 Bks.

E 64491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 ✓

E 64491

REGISTERED NO. 40-69

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Boyd St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Orton

(a) RESIDENCE NO. 2103 Boyd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Michael Orton

6 DATE OF BIRTH (month, day, and year): Jan 29-1880

7 AGE: Years 50 Months 11 Days 23 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Ernst Shelp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Michael Orton

(Address) 2103 Boyd St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21/31

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1930 to Jan 21, 1931 that I last saw her alive on Jan 21, 1931 and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

Toxaemia (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus & Bladder (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kahn M. D.

Feb. 1, 1931 (Address) 2027 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan. 24, 31

20 UNDERTAKER: George L. Stewart

ADDRESS: 210 Park Ave.

FEB 2 1931 C. HUMPHREY JONES, M. D.

1-30—M. & T.—100 B—50L

E 64492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 64492

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W. Hoffman ST. 11-24 WARD)

2-FULL NAME Ella Woolfolk

(a) RESIDENCE No 211 W Hoffman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Un

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alice Daughtrie
(Address) 211 W Hoffman

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Asphyxia Illuminating Gas Poisoning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. T. Leach, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 1/24 1931

20 UNDERTAKER Samuel Kennedy ADDRESS 1 W Saratoga

TION is very important See instructions on back of certificate.

FEB 22 1931

De Mies

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64493

108 E 64493

CERTIFICATE OF DEATH.

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N Carey ST. 16-23 WARD)

2-FULL NAME Mathe De Mies

(a) RESIDENCE No. 728 N Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander De Mies

6 DATE OF BIRTH (month, day, and year) Dec 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Randall Fauntleroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Fermia Chatman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Amanda Johnson
(Address) 513 N Shroeder St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbam Frey M. D.

1/22 1931 (Address) 1938 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Jan 23 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

JAN 22 1931

H. G. JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64494

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-902 E 64494

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 76-37 WARD)

2-FULL NAME August Kafer

(a) RESIDENCE NO. 508 S. Macon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Magdeline Kafer

6 DATE OF BIRTH (month, day, and year) Nov. 11-1889.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	3 2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron-moulder

(b) General nature of industry, business, or establishment in which employed (or employer): Pounding sand into moulds.

(c) Name of employer: .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Kafer

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary E. Henlein

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Baltimore, Md.

14 Informant Magdeline Kafer
(Address) 508 S. Macon St.

15 Filed JAN 22 1931, 19 ..... H. Fred C. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan-15, 1931, to Jan 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 8.10 A.m.

The CAUSE OF DEATH* was as follows:

Aneurysm of the Aorta

(duration) 4 yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilis (Latent)

(duration) 20 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton Bolens M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery

DATE OF BURIAL: Jan. 23 1931

20 UNDERTAKER: George W. Zirkle

ADDRESS: 1737 E. Eager St.

Spec.—1-30—M. & T.—250 Bks.

E 64495

E 64495

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-58 WARD)

2-FULL NAME Albert P. Kahs

(a) RESIDENCE No. 3706 Reistertown Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	1	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Durham, N. C.
(State or country)

PARENTS

10 NAME OF FATHER Jacob B. Kadis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca G. —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant S. Lewis
(Address) 1429 E. Balto. St.

15 Filed 2-2 1931, 19 ..., C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 19 31, to Jan 21, 19 31, that I last saw him alive on Jan 21, 19 31, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home or outside

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. B. Kirsh, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

DATE OF BURIAL 1-21- 19 31

20 UNDERTAKER Jacob Lewis, 1429

ADDRESS E. Balto. St.

Spec.—1-30—M. & T.—250 Bks.

64496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64496

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2008 Baker St. ST., 15-24 WARD)

2-FULL NAME Henrietta Harrison

(a) RESIDENCE No. 2008 Baker St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward Harrison

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond, (State or country) Va.

PARENTS

10 NAME OF FATHER Aaron Parkus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. A. Harrison
(Address) 2008 Baker St.

15 Filed 2/ 1931, 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 21, 1931.

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1931, to 1-21, 1931, that I last saw her alive on 1-21, 1931, and that death occurred, on the date stated above, at ..... A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (double lobar

(duration) ....yrs. ....mos 1 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) L. Pirok, M. D.

, 19 (Address) 2202 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 1/ 23/ 1931

20 UNDERTAKER Baird Sondheimer & Son

ADDRESS 1902 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64497 93-003 E 64497

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5623 Belair Road ST., 26-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Haupt

(a) RESIDENCE NO. 5623 Belair Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Haupt

6 DATE OF BIRTH (month, day, and year) Mch. 22, 1863,

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	9	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Mrs. J. C. Walmsley
(Address) 5623 Belair Road

15 Filed JAN 22 1931 19 C. HAMPSON, Registrar, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 19 31, to 1-20, 19 31 that I last saw her alive on 1-20, 19 31 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Vascular Sclerosis

..... (duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

1/29, 1931 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 23 1931

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Spec.—9-30—A. & Co.—250 Blks.

E 64498 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-02 64498

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 11-15 WARD)

2 FULL NAME Anna Stella Conway

(a) RESIDENCE No. 1220 N Calvert ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How Long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William A. Conway

6 DATE OF BIRTH (month, day, and year) ? ~~~~

7 AGE: Years 64 | Months ~~ | Days ~~ | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburg Pa

PARENTS
10 NAME OF FATHER Patrick McCabe
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Margaret ~~
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records
(Address)

15 Filed 1931 19 C. H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-12, 1930, to 1-21, 1931 that I last saw her alive on 1-21, 1931 and that death occurred, on the date stated above, at 4^10 m.

The CAUSE OF DEATH* was as follows:

Osteosarcoma right femur

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 20, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical - operative

(Signed) J Geyko M. D.

1/24. 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 1/24 19 31

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS: 805 N. Calvert

TION is very important. See instructions on back of cer

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64499 93-003 64499

CERTIFICATE OF DEATH.

REGISTERED NO. 13-54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Chauncey ave. St. ..... WARD)

2. FULL NAME Hannah Meth

(a) RESIDENCE NO. 834 Chauncey Ave. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Nathan

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 73 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Manes Thier
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samuel Meth
(Address): 834 Chauncey Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 21, 1931, that I last saw her alive on Jan 21, 1931, and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis
Hypertension
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Embolism
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Wm Baylor M. D.
1/22 1931 (Address) 710 Bisgyth

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Albert Herring Bur
DATE OF BURIAL: 1/22 1931

20 UNDERTAKER: Sol Levinson & Bro
ADDRESS: 112 E Balto st

TION is very important. See instructions on back of certificate.

22 1931

Spec.—8-16-29—L. F. S.—100 Bks.

E-64500

HEALTH DEPARTMENT—CITY OF BALTIMORE

NE 64500

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH God Shepherd General Hospital REGISTERED NO. 14-20

CITY OF BALTIMORE: (No. 1512 Gilmore ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Thomas

(a) RESIDENCE NO. 2005 Druid Hill Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug ? 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Boy

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Thomas Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Laura Thomas
(Address) 1302-18th St Washington

15 Filed 22 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1930, to to Jan 20, 1931, that I last saw him alive on 1-20-31, 19 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 4 mos. ds.

CONTRIBUTORY (Secondary) General Edema

(duration) yrs. 3 wks mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Boykin, M. D.

, 19 (Address) 1512 Fillmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 1/22/1931

20 UNDERTAKER Mrs. Geo. H. Ho[illegible]

ADDRESS [illegible]31 Druid Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64501

159

CERTIFICATE OF DEATH.

E 64501

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (NO. Caroline & Oliver ST. ✓ WARD) 27-4-4

2-FULL NAME Baby Girl Rosenberger

(a) RESIDENCE NO. 2818 Beechwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-19-31

7 AGE	Years	Months	Days	If LESS than 1 day 5 hrs. ~~or 1 min.~~
New Born			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER J. Lawrence Rosenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Elz. Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant J. Lawrence Rosenberger
(Address) 2818 Beechwood

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-31

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1931, to 1-21, 1931, that I last saw her alive on 1-21, 1931, and that death occurred, on the date stated above, at 3 20 a.m. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7½ months fetus)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Elx anitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) M B Flaherty M. D.

, 19 (Address) 22 E Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Jan 22 1931

20 UNDERTAKER Chas F Roach & Son

ADDRESS 118 E Mt Royal

HON is very important. See instructions on back of certificates. Exact statement of OCCUPA-

JAN 22 1931 C. HAMPSON JONES, M.D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 601

E 64502

E 64502

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. Md. General Hospital ~~Street~~ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Alvin Alver

(a) RESIDENCE NO. 288 Lanvale Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Robt. Alvin

6 DATE OF BIRTH (month, day, and year) March 4, 1874

7 AGE: Years 56 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John Alvin

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Anna Coad.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England.

14 Informant: Mrs. Robt. Alvin

(Address) 288 Lanvale Ave.

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21st 1931

17 I HEREBY CERTIFY That I attended deceased from Nov. 20, 1930, to Jan. 21, 1931, that I last saw him alive on Jan. 21, 1931 and that death occurred, on the date stated above, at 10:45 A. m.

The CAUSE OF DEATH* was as follows:

Fibrosis of Prostate Gland c urinary retention.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes, Date of 12/1/30

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Robert E. Lerowitz, M. D.

, 19 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Jan 24 1931

20 UNDERTAKER: E. Schlossnagle ADDRESS 1039 Hanover St.

important. See instructions on back of certificates.

Exact statement of OCCUPATION is very

1-30—M. & T.—190 B—50L

E 64503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 64503

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Hamburg St. 25-32 WARD)

2-FULL NAME Elmer Wise

(a) RESIDENCE No 2223 Hamburg ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Elmer Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lola Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elmer Wise

(Address) Balto Md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Brosius, M. D. Coroner

Jan 21, 1931 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 22 19

Commissioner Health.

CAUSE OF DEATH: Write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64504

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64504

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 5602 Groveland ST. 28-63 WARD

2-FULL NAME Amelia Koenig

(a) RESIDENCE NO. 5602 Groveland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fmle	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin

6 DATE OF BIRTH (month, day, and year) Nov 27 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo Fred Stauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Stoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) On at Sea

14 Informant Martin Koenig
(Address) 5602 Groveland

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

Jan 22 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Jan 23 1931

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1745 W. Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 64505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-081 E 64505

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W. Randall ST., 23-32 WARD)

2-FULL NAME Susanna W. Fair

(a) RESIDENCE NO. 103 W. Randall ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1844

7 AGE: Years 87 Months 0 Days 6 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: John Hare
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Shearer
(Address) 103 W. Randall

15 Filed N 22 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1930 to Jan. 20, 1931, that I last saw HER alive on Jan. 20, 1931, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

~~Set~~ Cerebral Hemorrhage (duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. R. Campbell M. D.

1/21, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alesia Carroll Cy. Md. DATE OF BURIAL 1/23 1931

20 UNDERTAKER: John J. Haley Sons ADDRESS 1318 Eight St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001 E 64506

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Front St. ST. 5-8 WARD)

2-FULL NAME Charles Otto Friedl.

(a) RESIDENCE No 115 N. Front St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report C.D.
(Address)

15 Filed ..... 19..., C. HUMPSON JONES, M. D., Registrar

N 22 1931 986

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental illuminating gas poisoning.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, Coroner, M. D.

1/22/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL JAN 22 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64507

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64507

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 E Pratt ST., 3-5 WARD)

2-FULL NAME James Anderson

(a) RESIDENCE No 1118 E Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Not Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Unknown

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G. C. Glades, M. D. Coroner

, 19 (Address) 1412 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL JAN 22 1931

C. HAMPSON JONES, M. D.
Commissioner Health.

JAN 22 1931

1-30—M. & T.—100 B—50L

E 64508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64508

CERTIFICATE OF DEATH

1-PLACE OF DEATH Penn Funnell Biddle St. Emergency No. .....

CITY OF BALTIMORE, No. ..... ST., ... WARD) 813

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Raylok

(a) RESIDENCE No Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS
10 NAME OF FATHER .....
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)
12 MAIDEN NAME OF MOTHER .....
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant .....
(Address) .....

15 Filed ..... 192 ..... Registrar

JAN 22 1931

5285 RRB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fractures Acc Penn RRC

..... (duration) ..... yrs. ..... mos — ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) G. E. Glades, Coroner, M. D.

, 19 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL JAN 22 1931

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

TION is very important. See instructions on back of certificate.

may be properly classified. Exact statement of OCCUPA-

Spec.—1-30—M. & T.—250 Bks.

2445-38
E 64509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64509

160-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 3-4 WARD)

2-FULL NAME Baby Frenchetti

(a) RESIDENCE No. 3258 Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	W	—

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 18, 1931, that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Aug E. Kuther, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 2 1931 19

20 UNDERTAKER Commissioner Health.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64510

CERTIFICATE OF DEATH

93-E 64510

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1818 Ramsay St. ..... ST., ... WARD)

49-28

2—FULL NAME John H. E. Fishpaw

(a) RESIDENCE NO. 1818 Ramsay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Fishpaw

6 DATE OF BIRTH (month, day, and year) December 1,1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	49	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John M. T. Fishpaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) U S

12 MAIDEN NAME OF MOTHER Anna Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U S

14 Informant Mrs. Florence M. Fishpaw
(Address) 1818 Ramsay St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 17, 1931, to Jany 21, 1931, that I last saw him alive on Jany 20, 1931 and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill, M. D.

1/21, 1931 (Address) 108 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Jan. 24 1931

20 UNDERTAKER Geo. H. Cook

ADDRESS 1003 West ~~Baltimore~~ St.

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

64511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64511

CERTIFICATE OF DEATH.

19-28 108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1411 McHenry ST., WARD)

2 FULL NAME Andrew Haas

(a) RESIDENCE No. 1411 McHenry ST., WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Haas 1873

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 803

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Austria Hungary

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Katherine Haas
(Address) 1411 McHenry St

25 Filed Jan 22 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1931, to Jan 20, 1931 that I last saw him alive on Jan. 20, 1931 and that death occurred, on the date stated above, at 9.22 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Inefficiency

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) J. A. Buchness M. D.

19 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Jan 23 1931

20 UNDERTAKER C. Howard Evans ADDRESS 38 E Fort Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Bks

E 64512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64512

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3217 Powhattan Ave, ST. 15 WARD)

2. FULL NAME Simon Levy

(a) RESIDENCE No 3217 Powhattan Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Levy

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant J. Lewis
(Address) 1439 E. Balto. St.

15 Filed 22 1931 .19 ..... RKH ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22-31

17 I HEREBY CERTIFY, That I attended deceased from 1/20 .19 31 to 1/22 .19 31

that I last saw him alive on 1/22 .19 31

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/22 19 31 (Address) 2020 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Durham, N.C.

DATE OF BURIAL 1-22-1931

20 UNDERTAKER Jas Lewis, 1439

ADDRESS E Balto St

CHAS. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

1-30—M. & T.—100 B—50L.

E 64513

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 ✓ E 64513

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 12-50 (WARD)

2-FULL NAME John T. McDermott

(a) RESIDENCE NO 425 W 23rd st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McDermott

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE 57	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER xxxxxx McDermott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank McDermott
(Address) 425 W. 23rd St

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar
JAN 22 1931 ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Apoplexy
(Fell while at work Jan 13/31)
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. E. H. Fuller, M. D. Coroner

Jan 21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Cem Texas Md — DATE OF BURIAL 1/23/31

20 UNDERTAKER Geo. A. Farley Fullerton — ADDRESS Fayette

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 64514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64514

CERTIFICATE OF DEATH.

16 Roland Park

27-53

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 705 Gladstone Ave ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B Brown

(a) RESIDENCE NO. 705 Gladstone Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1847

7 AGE: Years 84 Months 8 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ..... ood

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo A Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John P. Brown
(Address): Plaza Apts

15 Filed JAN 22 1931, 19..... C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from April, 19 31, to Jan 21, 1931, that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Gradual senile Weakening

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wadsworth R Clarke M. D.

, 19 (Address) Roland Park Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Jan 23 1931

20 UNDERTAKER: John O. Mitchell & Son — ADDRESS: 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64515

CERTIFICATE OF DEATH

82-09

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Granby ST., 3-5 WARD)

2—FULL NAME Giovanna Colavita.

(a) RESIDENCE NO. 1019 Granby ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Tony Colavita.

6 DATE OF BIRTH (month, day, and year): Jan. 17, 1872

7 AGE: Years 59 | Months | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife. 027

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy.

PARENTS

10 NAME OF FATHER: Michael Maag.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Tony Colavita.
(Address): 1019 Granby St.

15 Filed JAN 22 1931, 19 ..... G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1931, to Jan. 21, 1931 that I last saw her alive on Jan. 21, 1931 and that death occurred, on the date stated above, at 12 15 A.m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiovascular disease and Hypertension (duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. D. Tummillo, M. D.

, 19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan. 24 1931

20 UNDERTAKER: Wendell J. Leppel — ADDRESS: 300 S. Edw. St.

Important: See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

over

E 64516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64516

CERTIFICATE OF DEATH.

+ 11-001

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 33rd & St Paul St. WARD) 17-49

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr John W. Wilson

(a) RESIDENCE NO. Roxbury Md ST., ... WARD Mayfield
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs John Wilson

6 DATE OF BIRTH (month, day, and year) March 4 1877

7 AGE 53 Years 10 Months 17 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fire insurance agent

(b) General nature of industry, business, or establishment in which employed (or employer): —— 086

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Mr Charles Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Mary White Hyphen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Hospital Records.
(Address)

15 Filed 2 2 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1931

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1931, to January 21, 1931, that I last saw him alive on January 21, 1931, and that death occurred, on the date stated above, at 10 50 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia - bronchial

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Roxbury

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Francis W. Gluck, M. D.

1/21, 1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Jan 23 1931

20 UNDERTAKER: Harry W. Jenkins & Son Co

ADDRESS: Charles & Lafayette

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 64517

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

27-49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., ... WARD)

2-FULL NAME Martha Black

(a) RESIDENCE NO 4207 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. E.A. Donnelly
(Address) 4207 St. Paul St

15 Filed ..... 192 C. HAMPSON JONES, M. D.
Mar ..... Registrar

22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Terminal Bronchopneumonia
Accidently fell in bath room of residence and fractured left femur, Jan 12/31
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of reduction Jan 13/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], M. D. Coroner

Jan 22/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan 23 1931

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Gramm Ave

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA- ay be properly classified. So that it may

1-30—M. & T.—100 B—50L

(1 Herold)

E 64518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64518

CERTIFICATE OF DEATH

x 108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital (ST.) 25-22 WARD)

2-FULL NAME Ernest E Herold

(a) RESIDENCE NO Ulleta Ave ST., Sandowne Md WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 19 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER George Herold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Emma F Hillebrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant George Herold

(Address) Ulleta Ave

15 Filed Jan 22 1931 C. HAMPSON JONES, M. D. Registrar

AKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1931

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas A Brooke, M. D. Coroner

Jan 22 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL 1/24 1931

20 UNDERTAKER: Fred A. Cole — ADDRESS 1210 W. Fombard St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 64519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-0 E 64519

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-15 Ward)

2 FULL NAME Fred Gray

(a) RESIDENCE No. 631 N. Calvert St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroading

(b) General nature of industry, business, or establishment in which employed (or employer) OTS

(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) Md.

PARENTS

10 NAME OF FATHER Albert Gray

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel Saff

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 2 2 1931, 19..... C. HAMPSON JONES, M. D. Registrar
By RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-31

17 I HEREBY CERTIFY, That I attended deceased from 6-7-30, 19..., to 1-21-31, 19..., that I last saw him alive on 1-21-31, 19..., and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency,

ORIGINAL (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

1-22 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cem Run | DATE OF BURIAL 1-23 1931

20 UNDERTAKER Wm C. Miller & Son | ADDRESS 55 E Lexington St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 64520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64520

CERTIFICATE OF DEATH.

59

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 1-47 WARD)

2-FULL NAME Mrs. Carrie Reynolds

(a) RESIDENCE No. 609 West 39th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George A Reynolds

6 DATE OF BIRTH (month, day, and year): Oct 18, 1871

7 AGE: Years 59 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Mo.

PARENTS

10 NAME OF FATHER: Charles Elmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mississippi

12 MAIDEN NAME OF MOTHER: Mary Loy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ky.

14 Informant: C. Elmer Reynolds
(Address): 609 W. 39th St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan 22, 1931 that I last saw her alive on Jan 22, 1931 and that death occurred, on the date stated above, at 7 45 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Hypertensive Cardio-Renal Disease

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Cleo D. Styles Jr. M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: 1/24 1931

20 UNDERTAKER: J. M. Cook

ADDRESS: 1217 Pond Ave

22 1931 S. HANSON JONES, M. D.

APR 7

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 64521 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64521

CERTIFICATE OF DEATH.

108

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No ..... ST 14-28 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Harman

(a) RESIDENCE No. 2 S. Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Feb 14, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70 69	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER Edw. P. Kirkland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Kirk M. Harman
(Address) 1006 N. Cross St

15 Filed 1931 .19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 .1931, to Jan 22 .1931 that I last saw him alive on Jan 22 .1931 and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiovascular Renal

(duration) ..... yrs. 2 and over mos. ..... ds.

18 Where was disease contracted if not at place of death? his home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. Bowie Wannamaker M. D.

1/22 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/24 1931

20 UNDERTAKER J. M. Cox

ADDRESS 1217 E. Pratt St

back of certificates

TION is very important. See instructions on back of certificates

22 1931 C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64522

CERTIFICATE OF DEATH.

REGISTERED NO. 16-706 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 16 WARD)

2-FULL NAME Jonathan Conner

(a) RESIDENCE NO. 615 Linnard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE of~~ Anna E. Conner

6 DATE OF BIRTH (month, day and year) Jan 1st 1859

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Enamel

(c) Name of employer Balto Enamel & Novelty Works

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John Conner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF ~~Mother~~ Amanda Elder

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Anna E. Conner
(Address) 615 Linnard St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-31

17 I HEREBY CERTIFY, That I attended deceased from 1-18, 1931, to 1-21, 1931, that I last saw him alive on 1-21, 1931, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows: Fracture of Rt Femur, Lower third

(duration) yrs. mos. 3 1/2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 1/2 ds.

18 Where was disease contracted if not at place of death? West Port, Balto Md.

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Phys. Signs

(Signed) J. E. Fyler Jr., M. D.

1/21, 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 1/24/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Cause of death confirmed by Coroner Gilbert M.D.

C. HAMPSON JONES, M.D.

2 2 1931

Spec.—9-30—A. & Co.—250 Bks.

E 64523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64523

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Stockton St. 16-23 WARD)

2-FULL NAME Lyman Williams

(a) RESIDENCE NO. 1042 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie Day
(Address) 1042 Stockton St.

15 Filed JAN 22 1931, 19 C. HAMPSON JONES, M. D. Registrar
BY RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22/31

17 I HEREBY CERTIFY, That I attended deceased from July, 1930, to Jan, 1931 that I last saw him alive on Jan. 21st, 1931 and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

19 (Address) 1332 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemy — DATE OF BURIAL Jan 24 1931

20 UNDERTAKER George T. A. Gilson — ADDRESS 1731 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64524

CERTIFICATE OF DEATH.

E 64524

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1510 Prestman St. 16-21 WARD

2-FULL NAME Mary Carter

(a) RESIDENCE. NO. 1510 Prestman ST., WARD. Plainfield New Jersey
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 12-1866

7 AGE: Years 65 Months 3 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Charles Key

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hattie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Roger Russel
(Address) Plainfield N.J.

15 Filed 2 2 1931 . 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21 1931

17 I HEREBY CERTIFY, That I attended deceased from July . 1930 . to June 21 . 1931.

that I last saw her alive on 20 Jan. 1931.

and that death occurred, on the date stated above, at 0 m.

The CAUSE OF DEATH* was as follows: Cirrhosis Liver
Cirrosis

(duration) yrs. — mos. years ds.

CONTRIBUTORY (Secondary) Dont Know
(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Gorrecht, M. D.

. 19 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Burham wharf Middlesex Co Va

DATE OF BURIAL: Jan 23 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Preestman St

THIS is very important. See instructions on back of certificates. Make statement of OCCUPA

1-30—M. & T.—100 B—50L

E 64525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64525

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD 31)

2-FULL NAME Maggie Davis

(a) RESIDENCE NO 4701 Eastern Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Davis

6 DATE OF BIRTH (month, day, and year) April 9 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Glenburnie Md

10 NAME OF FATHER Thomas H. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Millersville Md

12 MAIDEN NAME OF MOTHER Louisa Danburger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 INFORMANT Edward Franklin

(Address) Glenburnie Md

15

Filed ....., 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Charles B. Brooke, M. D. Coroner

Jan 27 1930 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Jan 23 1931

20 UNDERTAKER John F. Denny. ADDRESS 715 Light St

Important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 64526

E 64526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-68108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. (WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm Norman Dean

(a) RESIDENCE No. 2813 Presbury ST. ..... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyla Dean

6 DATE OF BIRTH (month, day, and year) Jan 26, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance agent

(b) General nature of industry, business, or establishment in which employed (or employer) gr

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Columbus Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records (Address)

15 Filed ....., 19.....

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 31

17 I HEREBY CERTIFY, That I attended deceased from 11-14 1930, to 1-22, 1931

that I last saw he alive on 1-22, 1931

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Lyko M. D.

1/24 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 24 1931.

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St.

NOW is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 64527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64527

CERTIFICATE OF DEATH.

46-001

REGISTERED NO. 13352

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 N. 38th St. ST. WARD

2-FULL NAME Robert T. Lilly

(a) RESIDENCE No. 916 N. 38th St. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Agnes H. Lilly

6 DATE OF BIRTH (month, day, and year): Sept. 3-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector 046

(b) General nature of industry, business, or establishment in which employed (or employer): Cloth Dept.

(c) Name of employer: Mt. Vernon Woodbury Mills

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: James Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Agnes H. Lilly

(Address) 916 N. 38th St.

15 Filed JAN 23 1931, 19 .... Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Jan 21, 1931, that I last saw him alive on Jan 21, 1931, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) ....yrs. 8 mos ....ds.

CONTRIBUTORY (Secondary) ....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Xray

(Signed) [illegible] M. D.

1/27, 1931 (Address) 846 W 36th St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Jan. 24-1931

20 UNDERTAKER: Horace F. Burgee

ADDRESS: 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64528

CERTIFICATE OF DEATH

107-001

E 64528

REGISTERED NO. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Clifton Av. ST., WARD)

2—FULL NAME Mrs Carrie J. Butcher

(a) RESIDENCE NO. 1524 Clifton Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Wife of Mr Butcher Dec'd

6 DATE OF BIRTH (month, day, and year): Sept 5-1861

7 AGE: Years 69 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Demonstrator

(b) General nature of industry, business, or establishment in which employed (or employer): 069

(c) Name of employer: Empire Laundry

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jno. J. Möller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr Fannie Gunning
(Address): 1524 Clifton Av

15 Filed ..., 19.. HUMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 21/31

17 I HEREBY CERTIFY, That I attended deceased from Jany 11, 1931, to Jany 21, 1931, that I last saw her alive on Jany 21, 1931 and that death occurred, on the date stated above, at 1300 P. M.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary): Pneumonia & failing heart (duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ~~over~~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. A. Smith, M. D.

1/24, 1931 (Address) 1605 W. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Loudon Park Cem

DATE OF BURIAL: Jan 24 1931

20 UNDERTAKER: Geo W Little

ADDRESS: 2700 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 64529 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64529

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E. 23rd ST. 9th WARD)

2-FULL NAME Mary J. Irvin

(a) RESIDENCE No. 415 E. 23 ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caswell Irvin

6 DATE OF BIRTH (month, day, and year) Unknown 1870

7 AGE Years 61 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte Co Va

PARENTS

10 NAME OF FATHER Paul Pettis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary E. Brown
(Address) 301 N. Eden

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 21, 1931, that I last saw her alive on Jan 21, 1931, and that death occurred, on the date stated above, at 10 50 A.M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage Hypertension

(duration) ....yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ....yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. Hall M. D.

1-22 1931 (Address) 426 E 23 St Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown Va — DATE OF BURIAL Jan 25 1931

20 UNDERTAKER Sam'l M. Chase & Son — ADDRESS 638 N. Gilmor

JAN 23 1931 HAM. JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64530

72-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 1-2 WARD)

2-FULL NAME Cora Toth

(a) RESIDENCE NO. 268 S. East Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Steve Toth

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE: Years 39 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Kreager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Steve Toth
(Address): 268 S. East ave

15 Filed JAN 23 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 22, 1931, that I last saw her alive on Jan 22, 1931, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myeloid Leukemia

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. R. Lynn, M. D.

, 19 ..... (Address) Emmitsburg Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel

DATE OF BURIAL: 1/24 1931

20 UNDERTAKER: Robert Brookerson

ADDRESS: Calhoun Hollins St.

1-30—M. & T.—100 B—50L

E 64531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64531

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Strickland ST., 10-1075 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Gibbons

(a) RESIDENCE NO. 3140 Strickland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Gibbons

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: H W
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Chas Sparrow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Billie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Elmer Gibbons

(Address): 3140 Strickland

15 Filed ..... 192 ..... Registrar

C. HAMILTON JONES, M. D.

JAN 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas W Brooks, M. D. Coroner

Jan 22, 1931 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dawn Wharf Va

DATE OF BURIAL: 1/23 1931

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins St

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 64532

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. ST. 6-9 WARD)

2-FULL NAME Georgie Grant

(a) RESIDENCE No 1512 Druid Hill St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fmale	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Grant

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Orangeburg S. C.

PARENTS

10 NAME OF FATHER Nuley

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Nuley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Rev Hughes
(Address) 2340 Penna Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) and Autopsy find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

..... (duration) ..... yrs. few hours mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D. Coroner

(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-23 1931

20 UNDERTAKER Byrow & Wright

ADDRESS 1218 McCulloh St

TION is very important. See instructions on back of certificate.

JAN 23 1931 HAMILTON JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64533

CERTIFICATE OF DEATH

82 004

E 64533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 865 Orland St. 21-29 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas Butler

(a) RESIDENCE No 865 Orland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Cc

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Butler

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	53	-	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab-
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Landy Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Henrietta Butler

(Address): 865 Orland St

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a) Grippe

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas J Brooke, M. D. Coroner

Jan 24 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 23 1931

20 UNDERTAKER: Walter B Spragg — ADDRESS: 139 W Hamburg St

See instructions on back of certificates.

TION is very important

Spec.—1-30—M. & T.—250 Bks.

E 64534 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64534

CERTIFICATE OF DEATH.

15-58-23

1-PLACE OF DEATH Ashburton House

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO. ..... ST. ..... WARD)

2-FULL NAME Henry May Gittings

(a) RESIDENCE NO. Ashburton House ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederica Hemendahl

6 DATE OF BIRTH (month, day, and year) Nov 12th 1879

7 AGE 51 Years ..... Months 2 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Landscape Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Sterett Gittings

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Rosalie May

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs Cecil Barret (Address) 299 Park Ave New York City

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Jan 22nd, 1931, that I last saw him alive on Jan 22nd, 1931, and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Pneumonia (Contr.)

(duration) ..... yrs. ..... mos 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? a Date of —

Was there an autopsy? a

What test confirmed diagnosis? Physical Signs

(Signed) J. A. Chatard, M. D.

Jan 22nd 1931 (Address) Bon Secours

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jany 24 1931

20 UNDERTAKER Henry H Jenkins Son & Co

ADDRESS Collect & Orders

JAN 23 1931 C. HAMPSON JONES M.D.

Spec.—1-30—M. & T.—250 Bks.

Mary Beranek

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64535

82 E 64535

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves ST., 8-45 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Beranek

(a) RESIDENCE No. 2715 Allham Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S., if of foreign birth? 5 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Mr Beranek

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years 40 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Novak

11 BIRTHPLACE OF FATHER (City or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Barbara Hajek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mrs S Praley
(Address) 2717 Allham Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 ✓, 1931, to Jan. ✓✓, 1931, that I last saw her alive on Jan. ✓✓, 1931, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) hypertension
(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Novak, M. D.

19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem — DATE OF BURIAL Jan 25 1931

20 UNDERTAKER Jos J Stein Undr 156 Eugene — ADDRESS

Spec.—1-30—M. & T.—250 Bks.

244381
E 64536

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 64536

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-18 WARD)

2-FULL NAME Joseph Thompson

(a) RESIDENCE NO. 1619 Eutaw ST., ... WARD H.L.H. 4
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word).
male	white	

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-24-29

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Herbal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan. 21, 1931, that I last saw him alive on Jan 21, 1931, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (entire right lung)
Emphysema
Septicemia
— (duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? X ray, blood culture

(Signed) Ann E. Kuttner, M. D.

1/24/ 1931 (Address) Johns Hopkins hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's cemetery Govans — DATE OF BURIAL Jan 28, '31

20 UNDERTAKER Henry Hoch Sons Inc. — ADDRESS 1301 E Eager St

Spec.—1-30—M. & T.—250 Bks.

E 64537 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64537

CERTIFICATE OF DEATH.

REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N. Central Ave ST. 10-14 WARD)

2-FULL NAME Alois Fuchs

(a) RESIDENCE NO. 1114 N. Central Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. — mos. — ds. How long in U. S., if of foreign birth? 91 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~the late~~ (or) ~~WIFE~~ of Helen B. Fuchs

6 DATE OF BIRTH (month, day, and year) Dec. 21 1837

7 AGE: Years 93 | Months — | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Retired Tailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Fuchs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Kn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Kn

14 Informant: Mr. Joseph H. Fuchs
(Address) 937 N. Collington Av

15 Filed ....., 19 ..... Registrar

C. HAMILTON JONES, M.D.

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec-4, 1930, to Jan 21-, 1931, that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 11 A M m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) ..... yrs. 1 mos 16 ds.

CONTRIBUTORY (Secondary) Edema Lungs -

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) E. Gill Hall, M. D.

Jan 21 1931 (Address) 1631 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Holy Redeemer cemetery — DATE OF BURIAL: Jan. 24 1931

20 UNDERTAKER: Harry Hoech Sons, Inc. — ADDRESS: 1301 E Eager St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64538

CERTIFICATE OF DEATH.

93 E 64538

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....

2-FULL NAME William E. Zepp (SAPP)

(a) RESIDENCE No. 1309 S. 16th St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie

6 DATE OF BIRTH (month, day, and year): Mar. 21, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.
(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Germany

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-21-31

17 I HEREBY CERTIFY, That I attended deceased from 1-12-31, 19..., to 1-21-31, 19...

that I last saw him alive on 1-21-31, 19...

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) More than yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

1-22 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: Jan. 24 1931

20 UNDERTAKER: George W. Zirkler

ADDRESS: 1737 E. Eager St.

JAMES HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

E 64539 E 64539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 N. Chester St. 8-17 WARD)

2 FULL NAME Henry B. Keagle

(a) RESIDENCE No. 1612 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Keagle

6 DATE OF BIRTH (month, day, and year) Mch. 15 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

D 88

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Isabelle Keagle
(Address) 1612 N. Chester St

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar
JAN 23 1931 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18 1930, to Jan. 22 1931, that I last saw him alive on Jan. 21 1931, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:
General Arterial Sclerosis
No Hemorrage

Uncertain
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ~~~~
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ~~~~

Did an operation precede death? No Date of ~~~~

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

1/27/1931 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 26 1931

20 UNDERTAKER Geo. W. Zirkler

ADDRESS 1737 E. Eager St

Spec.—1-30—M. & T.—250 Bks.

E 64540

E 64540

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

Francis Davis

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. Caroline Valine ST. 27-44 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Davis

(a) RESIDENCE NO. 2815 Rehobeth Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/21/31

7 AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or ....min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER James H. Davis

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Lillian L. Cromwell

13 BIRTHPLACE OF MOTHER (city or town) Pork Creek
(State or country) Md.

14 Informant Capt. James H. Davis
(Address) 2815 Rehobeth Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-31

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 19 31, to 1-21, 19 31,

that I last saw her alive on 1-21, 19 31,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. (7 months fetus) mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis Toxemia of Pregnancy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? Yes Date of 1-21-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M B Hendrey, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 1/23/31, 19

20 UNDERTAKER George J Beth Inc

ADDRESS 1735 Harford

Spec.—1-30—M. & T.—250 Bks

E 64541

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64541

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 N. East ave ST., 6-11 WARD)

2-FULL NAME Domenica Lagna

(a) RESIDENCE No. 142 N. East ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~~M~~ Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Lagna

6 DATE OF BIRTH (month, day, and year) Dec 15, 1859

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francesco Vachino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Bonolo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Palmira Lagna
(Address) 2400 Furley Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10. 1930. to Jan. 22 1931.

that I last saw h~~e~~ alive on Jan. 21. 1931.

and that death occurred, on the date stated above, at 12.05 A.m.

The CAUSE OF DEATH* was as follows:

Arterio -exclorosis, Myocarditis and Bronchial Asthma.

(duration) 2 yrs. - mos - ds.

CONTRIBUTORY (Secondary) Acute Myocarditis.

(duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? No. Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Philbert Artigiani, M. D.

, 19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 24 1931

20 UNDERTAKER Frank V. Pipitone

ADDRESS 2518 E. Baltimore st

JAN 1931 HARRISON JONES, M.D.

Spec.—1-30—M. & T.—250 Bks

E 64542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64542

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1910 E Madison ST., 7-13 WARD)

2-FULL NAME Maggie McCready

(a) RESIDENCE NO. 1910 E Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 54 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 070

(b) General nature of industry, business, or establishment in which employed (or employer): Dwelling

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Mark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Carrie Nichols
(Address): 1910 E Madison St

15 Filed ....., 19 ..... HAMPSON JONES, M. D. Registrar

23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan 20, 1931, that I last saw her alive on Jan 20, 1931, and that death occurred, on the date stated above, at 1 PM.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) ..... yrs. mos 3 da.

CONTRIBUTORY (Secondary): No

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

, 19 (Address) 608 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

DATE OF BURIAL: June 23 1931

20 UNDERTAKER: Wm. R. G. Elliott

ADDRESS: 1726 Ashland Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64543 108 E 64543

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St 4-6 WARD)

2. FULL NAME James Rowe

(a) RESIDENCE NO. 123 South St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) King & Queen Co. Va.

PARENTS

10 NAME OF FATHER Alec Rowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Henrietta Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from 1-14-31, 19..., to 1-20-31, 19... that I last saw h im alive on 1-20-31, 19... and that death occurred, on the date stated above, at 7:20 A.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

1-21 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 23 1931

Commissioner Health.

JAN 23 1931 HAMPSON JONES, M. D.

5389

Per Wm. E. WOODALL

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64544

E 64544

131

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... 22-30 WARD)

2 FULL NAME Amos Patterson

(a) RESIDENCE NO. 626 Hanover ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Litha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-31

17 I HEREBY CERTIFY, That I attended deceased from 8-21-29, 19..., to 1-19-31, 19... that I last saw him alive on 1-19-31, 19... and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic

(duration) 1½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical; laboratory.

(Signed) Paul Padget M. D.

1-21, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 23 1931

20 UNDERTAKER .....

ADDRESS .....

C. HAMPSON JONES, M. D.
Commissioner Health.

JAN 23 1931

Per. Wm. E. Woodall

1-30—M. & T.—100 B—50L

E 64545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

REGISTERED NO. E 64545

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump. ST. 21-32 WARD)

2-FULL NAME Unknown. (C)

(a) RESIDENCE No Do not know. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 35	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 640
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15
Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1931 [19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental burns about the face and body. Asleep at dump fire.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas M. Reinhardt, M. D. Coroner

1/22/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 23 1931 19

ADDRESS

20 UNDERTAKER

S. Harrison Galloway, M. D.
Commissioner Health

3388

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64546

E 64546

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 E. Churchill St. ST. WARD 22-33 75

2-FULL NAME Mary Gaines. (C)

(a) RESIDENCE NO 22 E. Churchill St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---------- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Charles Snowden. (C)

(Address) 22 E. Churchill St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) A. M. Armiard, Coroner, M. D.

1/22/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 23 1931 19

20 UNDERTAKER

ADDRESS

C. HAMILTON JONES, M.D.
Commissioner Health

Per Wm. E. Wossell

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 64547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64547

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 5 WARD)

2-FULL NAME Andrew Harris

(a) RESIDENCE NO. ? Spring ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Harris

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

PARENTS

10 NAME OF FATHER Arthur Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 .... C. HAMPSON JONES, M. D. Registrar

3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-31, 19..., to 1-22-31, 19...

that I last saw him alive on 1-22-31, 19...

and that death occurred, on the date stated above, at 2:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency,

ORIGINAL (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

1-23, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 1/23, 1931

20 UNDERTAKER John J. Fahey Sons — ADDRESS 1818 Eight St

Spec.—1-30—M. & T.—250 Bks

E 64548 HEALTH DEPARTMENT—CITY OF BALTIMORE 0E 64548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (No. N. Broadway ST., 6-19 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rebecca Harlacher

(a) RESIDENCE NO. 1421 Bridge Street ST. New Cumberland - Pa WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND ~~OF~~ (or) WIFE of John C. Harlacher

6 DATE OF BIRTH (month, day, and year) Jan 14 - 1870

7 AGE Years 57 Months _____ Days 9 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Calvin Byers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ella Northland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mr John C Harlacher

Address 1421 Bridge St

Nov 2 1931 HAMILTON JONES, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/31

17 I HEREBY CERTIFY, That I attended deceased from 1/9, 1931, to 1/23, 1931, that I last saw h. alive on 1/23, 1931, and that death occurred, on the date stated above, at 2.10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with carcinomatosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 1/19/31

Was there an autopsy? Not

What test confirmed diagnosis? Hestry - Physical - Operation

(Signed) J. Frank Hewitt, M. D.

1/23, 1931 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cumberland Pa DATE OF BURIAL Jan 23, 1931

20 UNDERTAKER A. Marshall ADDRESS 3039 Eutaw Pl

Spec.—2-29-28—1. F. S.—500 Bks.

(Muessle)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64549

108

E 64549

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 10864

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Genl. Hosp. WARD)

2—FULL NAME Mrs. Mary L. Muessle

(a) RESIDENCE NO. 403 S. Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 5 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mr. F. W. Muessle

6 DATE OF BIRTH (month, day, and year) July 31, 1891

7 AGE: Years 39 Months 5 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. J. Hanike

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mattie Hememan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Records.

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1930, to Jan 22, 1931, that I last saw h~~e~~ alive on Jan. 22, 1931 and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Cellulitis R. Hand

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Strept. Septicaemia, ~~Pneumonia & Empyema~~ (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes Date of 12/23/30

Was there an autopsy? No. Diagnosis

What test confirmed diagnosis? Clinical Findings

(Signed) Robert F. Chenowith, M. D.

, 19 (Address) Md. Genl. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 24 19 31

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son

ADDRESS: 801 W. Fayette

C. HAMPSON JONES, M. D.

JAN 23 1931

1-30—M. & T.—100 B—50L

E 64550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64550

CERTIFICATE OF DEATH

94-001

12-49

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South & Water Sts. ST. ..... WARD)

2-FULL NAME Edwin L Hall.

(a) RESIDENCE NO Hamlin Apartments. 103 E. 39th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married ~~XXXXXXXXXX~~ HUSBAND of ~~XXXXXXXXXX~~ Barbara V. Hall.

6 DATE OF BIRTH (month, day, and year) September 28, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	3	25 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Popplein.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant John E. Hall, 3rd. (Son)
(Address) 714 Wyndhurst Ave.

15 C. HAMPSON JONES, M. D.
Filed ..... 192 ..... Registrar

JAN 31 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.
Obstruction of the Coronary Arteries.
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Thos M. Leonhardt, Coroner, M. D.

1/28/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. — DATE OF BURIAL Jan 24 1931

20 UNDERTAKER Henry J. Kenkel & Sons — ADDRESS Cor. Pres. & Fairmount Ave.

PTION IS very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

Dr Brackelin 1328 S. Charles St
South 0129

E 64551

HEALTH DEPARTMENT—CITY OF BALTIMORE

52 E 64551

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 833 N. Luzerne St. 19 WARD)

2. FULL NAME Albert H. Taylor

(a) RESIDENCE No 833 N. Luzerne ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Taylor

6 DATE OF BIRTH (month, day, and year) Jan 13th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer Taylor Supply Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James H. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary T. Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs Emma Taylor
(Address) 833 N. Luzerne St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd 1931

17 I HEREBY CERTIFY, That I attended deceased from January 4, 1931, to January 23, 1931 that I last saw him alive on January 22, 1931 and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows: Sarcoma involving Face, Antrum, Malar Bone, Floor of Orbit and general Metastasis.

(duration) 1 yrs. 9 mos. 7 ds.

CONTRIBUTORY (Secondary) Sarcoma

(duration) 1 yrs. 9 mos. 7 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes. Date of July 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) H. H. Brackelin M. D.

(Address) 1328 S Charles St. June 3, 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cemetery	1/26/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr Bertram 1710 Sulgrave Ave Jan 0 194
9114 Washington

E 64552

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64552

CERTIFICATE OF DEATH.

REGISTERED NO. 9020

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6113 Stanton Ave (Mt Washington) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME August E. Vitt

(a) RESIDENCE NO. 3231 Strickland ST., ... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Edna M. Vitt

6 DATE OF BIRTH (month, day, and year) Mar 7th 1905

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Allen & Bell

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas H. Vitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Bredig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Edna M. Vitt
(Address) 3231 Strickland St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
JAN 23 1931 RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan. 22, 1931 that I last saw him alive on Jan. 22, 1931 and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH was as follows:
Pulmonary tuberculosis
Exhaustion

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore City

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) C. H. Bertram M. D.

1.23. 1931 (Address) Mt Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 1/26 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks

Dr. Leonard Beach 2229 St Paul St Balto 5013 ✓

64553 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64553

CERTIFICATE OF DEATH

92-001 7-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 W. Franklin St. 17-29 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary J. Hickey

(a) RESIDENCE No. 603 W. Franklin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Michael J. Hickey

6. DATE OF BIRTH (month, day and year) Oct 8th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 637

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10. NAME OF FATHER: Patrick Drew

11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12. MAIDEN NAME OF MOTHER: Margaret Lahey

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant: Annie M. Frazier
(Address): 603 W. Franklin St.

15. Filed ..... 19 ..... Registrar

23 1931 H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Jan 23rd 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/18/31, 19 ..., to 1/22/31, 19 ..., that I last saw her alive on 1/22/31, 19 ..., and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Organic heart

(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Leonard E. Beach, M. D.

19. (Address) 2229 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 1/26/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64554

CERTIFICATE OF DEATH.

131 E 64554

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 4 N. Potomac St. St.) (11 WARD)

2. FULL NAME Virginia H. Frosburg

(a) RESIDENCE NO. 4 N. Potomac St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of John H. Frosburg

6 DATE OF BIRTH (month, day, and year) April 15, 1863

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Repson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila

12 MAIDEN NAME OF MOTHER Minnie Cortman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Virginia Erdman
(Address) 1621 N. Spring St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20. 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931 to Jan 20, 1931 that I last saw he alive on Jan 20, 1931 and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Cancer

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Ernest Dudley M. D.

1-22-31 (19..) (Address) 2935 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemt. DATE OF BURIAL 1/24/31

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Baltimore St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64555 82-001 E 64555

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 401 N. Ellwood Ave. ST. 11 WARD)

2-FULL NAME Anna M. Ashley

(a) RESIDENCE NO. 401 N. Ellwood Ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Ashley

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) ''

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Louis H. Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs. J. H. Ashley
(Address) 401 N. Ellwood Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931 to Jan. 21, 1931, that I last saw her alive on Jan. 21, 1931, and that death occurred, on the date stated above, at 12:50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P.S & S.

(Signed) John J. Kraper, M. D.

, 19 (Address) 3627 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem.

DATE OF BURIAL 1/24/31 19

20 UNDERTAKER John A. Moran

ADDRESS 30 W E Balto

Spec.—1-30—M. & T.—250 Bks.

E 64556

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 64556

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital
CITY OF BALTIMORE: (NO. Baltimore, Md. ST. 42-51 WARD)

2-FULL NAME Charles E. Fisher

(a) RESIDENCE NO. Hopewell, Va. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma Fisher

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Captain
(b) General nature of industry, business, or establishment in which employed (or employer): Seaman
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: Lewis Fisher
11 BIRTHPLACE OF FATHER (city or town) (State or country): New York
12 MAIDEN NAME OF MOTHER: Letitian Everson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed 3 1931, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 2, 19 29, to January 22, 19 31, that I last saw him alive on January 21, 19 31, and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis, with hypertension
(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia, chronic & Nephritis, interstitial, chronic
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. findings

(Signed) Gordon A. Abbott, M. D.
1/22, 19 31 (Address) U.S. Marine Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery
DATE OF BURIAL: Jan. 24, 1931

20 UNDERTAKER: E. LeRoy Steffler, Inc
ADDRESS: 125 E. Northern

Spec.—1-10-21—M&T—1500 Bks.

E 64557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64557

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5904 Park Heights Ave. ST., 31-53 WARD)

2-FULL NAME Charles Samuel Cook

(a) RESIDENCE NO. 5904 Park Heights Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Cook.

6 DATE OF BIRTH (month, day, and year) Apr 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Carl William Cook

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs D. E. Moss
(Address) 5909 Park Heights Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930, to Jan 23, 1931, that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Fractured Femur (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? 5904 Park Heights Ave.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/23, 1931 (Address) 5912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan. 24, 1931

20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	125 E. North Ave.

TION IS very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64558

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4934 Pennington, ave. Curtis Bay 25-77 WARD)

2-FULL NAME Thomas J. Sexton

(a) RESIDENCE No. 4934 Pennington, ave. ST., Curtis bay WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A. Sexton

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Dennis L. Sexton
(Address) 4934 Pennington Ave. Curtisbay

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 23, 1931, that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 6 da.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jan 23, 1931 (Address) 4700 Pennington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Frederick A. Cole

ADDRESS 1200 W. Lombard

JAN 28 1931 C. HAMPSON JONES, M.

Spec.—1-30—M. & T.—250 Bks

E 64559 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64559

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Baylis Ave. St. 26-1 WARD)

2-FULL NAME Mary Ethel Molz.

(a) RESIDENCE NO. 1055 S. Baylis St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John H. Molz.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant John H. Molz. (Address) 1005 S. Baylis St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 22, 1931, that I last saw he alive on Jan 22, 1931, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Nephritis,

(duration) 1 yrs. 6 mos 2 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Albert J. Heckman, M. D.

1-22, 1931 (Address) 3507 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Jan 24, 1931

20 UNDERTAKER Chenoweth Son

ADDRESS 3615 Eastern Ave

JAN 23 1931 E. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64560 E 64560

CERTIFICATE OF DEATH.

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 So. Castel ST. 2-4 WARD)

2. FULL NAME Mary . Foster

(a) RESIDENCE No. 320 So. Castel Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	--	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER Frank . Foster
11 BIRTHPLACE OF FATHER (city or town) (State or country) Glen Burnie Md.
12 MAIDEN NAME OF MOTHER Theresa . Kubat
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Theresa . Foster
(Address) 320 So. Castel Street

15 Filed 2-3-1931, 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Jan. 23, 1931
that I last saw he alive on Jan. 23, 1931
and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Primary) 10 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No

Was there no autopsy? No

What test confirmed diagnosis? No

(Signed) Isaac Feinglas M. D.
1/23, 1931. (Address) 1400 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Jan. 24 1931 19

20 UNDERTAKER John M. Weber ADDRESS 401 Charles St.

Spec.—9-30—A. & Co.—250 Bks.

E 64561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64561

93-003

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

2. FULL NAME Albert Wallace

(a) RESIDENCE No. 239 W. Biddle St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word).
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Wallace

6 DATE OF BIRTH (month, day, and year) June 9, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer out of work

9 BIRTHPLACE (city or town) ?
(State or country) Md.

PARENTS

10 NAME OF FATHER David Wallace

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Bowers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 2, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-31, 19..., to 1-22-31, 19...
that I last saw him alive on 1-22-31, 19...
and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

Meretha (duration) yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Infarct of lung (duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 1 Hour 2 hospital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical course

(Signed) Paul Paegar M. D.

1-23 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1-24 19 31

20 UNDERTAKER Samuel Carter

ADDRESS 916 Grace

C. HAMPSON JONES, M. D.

1-30—M. & T.—100 B—50L

E 64562

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

E 64562

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Hudson ST., 1-3 WARD)

2-FULL NAME Florian Aloizy Seglinski

(a) RESIDENCE NO 2620 Hudson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 15 - 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John M. Seglinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Stanisława Raszyla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John M. Seglinski
(Address) 2620 Hudson St

15 Filed ....., 192.... Registrar

C. HAMPSON JONES, M. D.

JAN 24 1931

RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Rickets

6 Days (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Hydrocephalus (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) G. C. Slades, M. D. Coroner

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cemet

DATE OF BURIAL 1-25 1931

20 UNDERTAKER John J. Duda

ADDRESS 2811 Hudson St

Spec.—2-29-28—L. F. S.—500 Bks.

E 64563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 64563

1—PLACE OF DEATH

REGISTERED NO. 35-32

CITY OF BALTIMORE: (No. 2314 Hampden Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin Chase

(a) RESIDENCE NO. 2314 Hampden Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 2. 1881

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	7	10 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): gas

(c) Name of employer: Chas Entwisle

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Isaac Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Martha Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Carrie Chase
(Address): 2314 Hampden Ave

15 Filed ....., 19 ..... Registrar

HARRISON JONES, M. D.

JAN 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/21/31

17 I HEREBY CERTIFY, That I attended deceased from 1/20/31, 19..., to 1/21/31, 19...,
that I last saw him alive on 1/21/31, 19...,
and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elwood Dorsey, M. D.

Jan. 19 31 (Address) 727 Druid Park Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan. 24. 1931

20 UNDERTAKER: Bernard A Fitz

ADDRESS: 704 Washington Blvd

Spec.—1-30—M. & T.—250 Bks.

E 64564 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64564

CERTIFICATE OF DEATH

REGISTERED NO. 59

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Lafayette & Arlington St., WARD 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Anthony

(a) RESIDENCE No. 1322 Gilmor St., WARD 4

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Eugene Anthony

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Nanticoke (State or country) Eastern Shore Md

PARENTS

10 NAME OF FATHER James Barkley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md

12 MAIDEN NAME OF MOTHER Maria Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Md

14 Informant Eugene Anthony

(Address) 1322 G. Gilmor St

15 Filed JAN 24 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-31

17 I HEREBY CERTIFY, That I attended deceased from 12-22-30, 19..., to 1-22-31, 19...,

that I last saw him alive on 1-22-31, 19...,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic Gangrene left leg

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 1-21-31

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) M. B. Kendrick, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nanticoke Eastern Shore Md

DATE OF BURIAL Jan 24 1931

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1463 N. Carey St

Spec.—1-30—M. & T.—250 Bks.

E 64565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64565

CERTIFICATE OF DEATH.

Lambert st. 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Lambert ST. 17-2nd WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Hall

(a) RESIDENCE NO. 528 Lambert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Maud Hall

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE 57 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Various

(c) Name of employer Mr. Owen

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William E. Wheeler
(Address)

15 Filed 1-24 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/31

17 I HEREBY CERTIFY, That I attended deceased from 1/19/31, to 1/21/31, that I last saw him alive on 1/19/31 and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart

(duration) ..... yrs. One mo. mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Clin, M. D.

1/19/31 19 (Address) Gay nor ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-24 1931

20 UNDERTAKER Dennis Easton

ADDRESS 516 Pa ave.

Spec.—1-30—M. & T.—250 Bks

E 64566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64566

CERTIFICATE OF DEATH.

92

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Kirk Ave. ST. 9-46 WARD)

2-FULL NAME CHRISTINA MARTIN

(a) RESIDENCE NO. 2811 Kirk Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Martin

6 DATE OF BIRTH (month, day, and year) February 17, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Fenge

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine E. Muldnor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Walter Martin
(Address) 2811 Kirk Ave.

15 Filed ..... 19 ..... Registrar

2 4 1931 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22nd, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1930, to Jan 22nd, 1930, that I last saw h. alive on Jan 22nd, 1930, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease
(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex Ansenstock M. D.

1/23 1931 (Address) 713 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan. 26, 1931

20 UNDERTAKER F. Lanahan Son

ADDRESS 7401 Belair Rd.

1-30—M. & T.—100 B—50L

E 64567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64567

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 S. East. ST., 26 WARD)

2-FULL NAME Frances Dassler

(a) RESIDENCE No 707 S East ST., 26 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The late Louis Dassler

6 DATE OF BIRTH (month, day, and year) Feb. 12th 1852

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Henry J. Kess. (Daughter)
(Address) 707 S. East Ave

15 Filed ....., 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? Date of –

Was there an autopsy?

What test confirmed diagnosis? History

(Signed) G. E. Glass, Coroner, M. D.

19 (Address) 1320 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Jan 25 1931

20 UNDERTAKER Lillig Giles (inc)

ADDRESS 403 S. Wolfe St.

1931

Spec.—9-30—A. & Co.—250 Bks.

E 64568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11-001 E 64568

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1417 Brunt ST. 14-20 WARD.)

2. FULL NAME Laura Wright

(a) RESIDENCE NO. 1417 Brunt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE Years 54 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Mary Jones
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lenza Lehmann
(Address) 506 N. Mary's St.

15 Filed JAN 4 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 31

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 1931, to 1/20, 1931 that I last saw h alive on 1/19, 1931 and that death occurred, on the date stated above, at 1-45 P.M.

The CAUSE OF DEATH* was as follows:
Influenza
Lobar Pneumonia 5d
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? to
(Signed) B. W. Rutter M. D.
1/23 1931 (Address) 2124 O St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rel. Auburn Jan DATE OF BURIAL 1/24 1931

20 UNDERTAKER Samuel Wensley ADDRESS 578 McCaddle

Spec.—1-30—M. & T.—250 Bks

E 64569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64569

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Mosher St. 16-23 WARD

2-FULL NAME Alfred Burke Jr.

(a) RESIDENCE NO. 1221 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Divorced

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Mary Burke

6 DATE OF BIRTH (month, day, and year) [redacted] 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) oft

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Alfred Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ellen E. Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Benj. Burke (uncle)
(Address) 318 W Lexington St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Jan 21, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Enlargement Liver and generalized anasarca (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Lowry, M. D.

1/21, 1931 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pat. / Calvary Cem DATE OF BURIAL 1/24/31

20 UNDERTAKER Samuel D. Hinsley ADDRESS 578 W Baltimore

C. HAMPSON JONES, M.D.

Spec.—1-30—M. & T.—250 Bks.

E 64570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64570

CERTIFICATE OF DEATH.

X 107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland ST. ..... WARD)

2-FULL NAME Annette Hamilton Rice

(a) RESIDENCE NO. 6214 Pinehurst Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of William Taylor Rice

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	83	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Waterborough
(State or country) Maine

PARENTS

10 NAME OF FATHER Jason Hamilton

11 BIRTHPLACE OF FATHER (city or town) Waterborough
(State or country) Maine

12 MAIDEN NAME OF MOTHER Jane Hill

13 BIRTHPLACE OF MOTHER (city or town) Waterborough
(State or country) Maine

14 Informant Palmer Rice Nickerson (grandson)
(Address) 6214 Pinehurst Road - Baltimore

15 Filed JAN 24 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1931, to January 23, 1931, that I last saw her alive on January 23, 1931, and that death occurred, on the date stated above, at 3 01 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Senility

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Lilian Arnold Gilbert, M. D.

Jan 23, 1931 (Address) Hospital for the Women of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Park Cem. Md. — DATE OF BURIAL Jany 24 1931

20 UNDERTAKER John O Mitchell & Son — ADDRESS 1905 Eutaw Place

1-30—M. & T.—100 B—50L

E 64571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-00 E 64571

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 W. Lombard ST. 19-28 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Brieskerd

(a) RESIDENCE NO 1825 W. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence J. Brieskerd

6 DATE OF BIRTH (month, day, and year) Mar. 29-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Emanuel Brieskerd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Catherine Kidd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mary Brieskerd
(Address) 1825 W Lombard

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. W. Brooke, M. D. Coroner

Jan 21, 1931 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 24 1931

20 UNDERTAKER George L. Johnson ADDRESS 201 Eutaw Ave.

FRANK HARRISON JONES, M. D.
JAN 24 1931

Spec—12-23-21—E.B.P.S.—400 Bks.

E 64572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64572

CERTIFICATE OF DEATH.

93-003

25-17

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1525 Church St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ae Liah Newsham

(a) Residence No. 1525 Church St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mps. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, Divorced Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch W. Newsham

6-DATE OF BIRTH (month, day and year) Dec 15, 1865

7-AGE 65 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). A. A. Co Md

PARENTS.
10-NAME OF FATHER Jonas L. Clark
11-BIRTHPLACE OF FATHER (city or town) (State or Country). A. A. Co Md
12-MAIDEN NAME OF MOTHER. Margaret Humphrey
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). A. A. Co

14- (Informant) Wm. L. Newsham
(Address) 4613 Fleming Pl.

15- C. HAMPSON JONES, M. D. Registrar.
Filed 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 21-1931

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1931 to Jan 21 1931
that I last saw h. alive on Jan 21 1931
and that death occurred, on the date stated above, at 5.45 A m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis (heart stenosis)
Myocardial degeneration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Em. D. Hotta M. D.
Jan 22. 1931 (Address) 4300 Fleming Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cemetery | DATE OF BURIAL. Jan 24. 1931

20-UNDERTAKER. Margaret A. Thomas | ADDRESS 1111 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64573

CERTIFICATE OF DEATH.

107-001

E 64573

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

19-28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Mount ST. ..... WARD

2-FULL NAME Catherine McGuirk

(a) RESIDENCE NO. 24 S. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced ~~HUSBAND OF~~ or) WIFE of the late John McGuirk

6 DATE OF BIRTH (month, day, and year) March 10, 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
75	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Robert McGee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Drake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr James J. McGuirk
(Address) # 24 S. Mount Street

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JAN 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22/ 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Jan 22, 1931, that I last saw her alive on Jan 22, 1931, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Jesse C. Cornish, M. D.

1-23 1931 (Address) 504 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Peters Cem.

DATE OF BURIAL 1/26/ 1931.

20 UNDERTAKER John J. Cowan & Son

ADDRESS 90 Hollins St.

Time of burial extended to 1-25-31
J. Frederick Hampel
Supt. Cem. of Hom

1-30—M. & T.—100 B—50L

E 64574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓ E 64574

58

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Orleans ST. ..... WARD)

2-FULL NAME Laura Weaver

(a) RESIDENCE No 1127 Orleans St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10/1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work maid
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Walter Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rebecca Venney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robt Williams
(Address) 1515 McElderry St

15 Filed ..... 192 ..... Registrar

4 1931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. Hall Pierce, M. D. Coroner

Jan 21/31 19 (Address) 808 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sharps Wharf Richmond Va

DATE OF BURIAL: Jan 25 1931

20 UNDERTAKER: R Williams

ADDRESS: 1515 McElderry St

1-30—M. & T.—100 B—50L

E 64575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 64575

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 15 W. Lee St. ST. ..... WARD) 92-30

2-FULL NAME Jeanetta Jones. (C)

(a) RESIDENCE NO 15 W. Lee St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ————————

6 DATE OF BIRTH (month, day, and year) May 21, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Elsie Jones. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary A. Jones. (C) great grandmother.
(Address) 15 W. Lee St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, Coroner, M. D.

1/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Jan 24 1931

20 UNDERTAKER L. L. Brown & Son

ADDRESS 1848 Montgomery

Spec.—9-30—A. & Co.—250 Bks.

E 64576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64576

CERTIFICATE OF DEATH.

118

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 E. Lombard ST. 3-4 WARD)

2. FULL NAME Abraham Simon

(a) RESIDENCE NO. 1404 E. Lombard ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Simon

6 DATE OF BIRTH (month, day, and year) .....

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired old

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. Kaufman
(Address) 1439 E. Balto. St.

15 Filed ....., 19.. ..... Registrar

NKH

CLASSIC HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 23, 1931 that I last saw him alive on Jan 27, 1931 and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(duration) ..... yrs. ..... mos. One ds.

CONTRIBUTORY (Secondary) Improper food

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? nowhere

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harris Flinder M. D.

19 31 (Address) 2 W. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sherwood Wash. Road — DATE OF BURIAL 1-25 19 31

20 UNDERTAKER Jack Lewis, 1439 — ADDRESS E. Balto. St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 64577

REGISTERED NO. 1037

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Institution ST. WARD)

2—FULL NAME ~~Benjamin~~ Bernard H. Wagenfer

(a) RESIDENCE NO. 433 Bride ST., WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhelmina Wagenfer

6 DATE OF BIRTH (month, day, and year): Oct 13, 1863

7 AGE: Years 67 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman & boiler

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Henry Wagenfer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Wilhelmina Wagenfer
(Address): 711 E 37th St

15 Filed ..., 19 ... C. HAMPSON JONES, M. D. Registrar

JAN 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/23/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 23, 1931 that I last saw him alive on Jan 23, 1931 and that death occurred, on the date stated above, at 4.55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Prostatitis
Pyelonephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac failure
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Ashman, M. D.

, 19 (Address) West Balto Institution

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 24 1930

20 UNDERTAKER: George Ann

ADDRESS: 1532 Hollins

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64578

E 64578

CERTIFICATE OF DEATH

108

25-75

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3551- 4 1/2 St. Brooklyn. ST. ..... WARD)

2-FULL NAME John Curry. (C)

(a) RESIDENCE No 3551- 4 1/2 St. Brooklyn. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) Wife of~~ ~~XXXXXXXX~~ Ethel Curry. (C)

6 DATE OF BIRTH (month, day, and year) February 22, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	40	10	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Wit Curry. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Jane Crowe. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Ethel Curry. (C) wife.
(Address) 3551- 4 1/2 St. Brooklyn.

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. M. Armiger, M. D. Coroner

1/22/31 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL Jan. 24 19 31

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

JAN 24 1931

Spec.—1-30—M. & T.—250 Bks.

Time of burial extended to 1-26-31
L. Frederick Griffith
asst. Comm. of Health

E 64579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64579

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 5-8 (WARD)

2-FULL NAME William Brown

(a) RESIDENCE No. 722 Reynolds Court ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Brown

6 DATE OF BIRTH (month, day, and year) Jan 10 1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	0	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Addie Brown
(Address) 722 Reynold Court

15 Filed ....., 19 ..... Registrar

C. HARPSON JONES, M. D.
JAN 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 18, 1931, that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH* was as follows:
Hypertension Cardio-vascular disease.
(duration) ? yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical observation & laboratory tests

(Signed) George H. Yeager M. D.

1/18, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Ave	Jan 26 1931

20 UNDERTAKER Joseph A Lively 409 N Mount St — ADDRESS

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64580

CERTIFICATE OF DEATH.

93-003 E 64580

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 9-9 WARD)

2. FULL NAME Philip England

(a) RESIDENCE No. 527 Washington St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6 DATE OF BIRTH (month, day, and year) June 22, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Locomotive Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

PARENTS

10 NAME OF FATHER James A. England

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rachael ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed N 25 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-31

17 I HEREBY CERTIFY, That I attended deceased from 11-25-30, 19..., to 1-22-31, 19... that I last saw him alive on 1-22-31, 19... and that death occurred, on the date stated above, at 3:15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Podgt. M. D.

1-23, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Md. DATE OF BURIAL Jan 24 1931

20 UNDERTAKER John C. Miller ADDRESS 2485 E. Oliver

Spec.—9-30—A. & Co.—250 Bks.

E 64581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64581

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 855 W. Franklin ST. 15-N WARD)

2 FULL NAME Garland Lee Fosque

(a) RESIDENCE NO. 855 W. Franklin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fosque

6 DATE OF BIRTH (month, day, and year) May 30-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mord O.K.

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jesse Fosque

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Fosque

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Fosque
(Address) 855 W. Franklin

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 24, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 12-10 AM

The CAUSE OF DEATH* was as follows:

Cotor Pulmonary

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pasley Va

DATE OF BURIAL 1/25 19 31

20 UNDERTAKER Samuel Hensley

ADDRESS 78 N. Biddle

CHARLES JAMES JONES, M.D.

1-30—M. & T.—100 B—50L

E 64582

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64582

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 W. Lafayette Ave. St.) 16-18 WARD

2-FULL NAME Julia Ann Dimmont

(a) RESIDENCE No. 2527 W. Lafayette Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1844

7 AGE: Years 87 Months 0 Days 21 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ooo
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Dimmont

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Betsy Stallings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Howard Hawker

(Address) 2527 W. Lafayette Ave.

15 Filed ..... 192 ..... Registrar

JAN 25 1931 C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular.

(Signed) ..... M. D. Coroner

Jan 23 1931 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 26 1931

20 UNDERTAKER: Wm Fickeisen Sons — ADDRESS: Norristown Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64583 130 ✓ E 64583

CERTIFICATE OF DEATH.

8-45

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Darley Ave., ST. ..... WARD)

2-FULL NAME Lucille Ruth Korpman

(a) RESIDENCE NO. 1723 Darley Ave., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry W. Korpman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lucy R. Storm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Harry W. Korpman
(Address) 1723 Darley Ave.

15 Filed 2-5-1931 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1931

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1931, to January 22, 1931, that I last saw her alive on January 22, 1931, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:
Acute Nephritis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/23, 1931 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan 26th 1931
20 UNDERTAKER	**ADDRESS**
George Schilling & Sons	122 E Monument st

Spec.—9-30—A. & Co.—250 Bks.

Dr Hooper 2565 Fairmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64584

CERTIFICATE OF DEATH.

107-00 E 64584

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2750 Wilkens Ave. WARD) 40-72

2. FULL NAME Charles Marion Hale

(a) RESIDENCE No. 2750 Wilkens Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11th 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Meat

(c) Name of employer Corsan Hill

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James H. Hale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant James H. Hale
(Address) 2750 Wilkens Ave

15 Filed ..... 19 ..... Registrar

N 25 1931 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/31

17 I HEREBY CERTIFY, That I attended deceased from 19 Jan, 1931, to 24 Jan, 1931

that I last saw him alive on 24 Jan, 1931

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) E. Vanarsdale Hooper M. D.

Jan 26 1931 (Address) 2565 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/26/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-36—M. & T.—100 B—50L

E 64585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

205 - 007 E 64585

25-72

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Swindell Glass Works.

CITY OF BALTIMORE: (No. Russell & Bayard Sts. ST. ..... WARD .....

2-FULL NAME Louis Blase.

(a) RESIDENCE No 1021 Parksley Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---------- ds. How long in U. S., if of foreign birth? 50 yrs. ---------- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Anna Blase.

6 DATE OF BIRTH (month, day, and year) December 7, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	66	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer. 030
(b) General nature of industry, business, or establishment in which employed (or employer) Swindell Glass Works.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Blase.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dora ---------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth Shafer. (daughter)
(Address) 1019 Parksley Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mangled about the limbs and body.
Occidentally caught in a revolving belt.
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

1/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/26 1931

20 UNDERTAKER W M Cook

ADDRESS 1219 St Paul St

1-30—M. & T.—100 B—50L

E 64586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 64586

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp ST. 9-46 WARD

2-FULL NAME Jas M. Donnell

(a) RESIDENCE NO 601 E 37th St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-13-1863

7 AGE: Years 67 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brass
(b) General nature of industry, business, or establishment in which employed (or employer) Finisher
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jas T McDonnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs T. E. Weber.

(Address) 601 E. 37th St

15 Filed ..... 192 ..... Registrar

JAN 25 1932 HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto

(duration) mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ds.

Fract rib & Lobar & Fibrous

18 Where was disease contracted if not at place of death? Lamont & Landale

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. J. Stone M. D. (Coroner)

1/24 1931 (Address) 3939 W. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/26 1931

20 UNDERTAKER Harry N. Rutzke, 410

ADDRESS Edmondson Ave

Spec.—1-30—M. & T.—250 Bks

E 64587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64587

CERTIFICATE OF DEATH.

94-001

2756

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3702 Oakmont Ave. ST., _____ WARD)

2-FULL NAME Thomas H. Hughes

(a) RESIDENCE NO. 3702 Oakmont Ave. ST., _____ WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Edith A. Hughes (Ogle) nee

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1856.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co.,
(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel H. Hughes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Lockard.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Samuel Hughes,
(Address) 4553 Reisterstown Road

15 Filed _____ 19 _____ HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to Jan 22, 1931, that I last saw he alive on Jan 21, 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris
(Acute pancreatitis)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) General arteriosclerosis
(duration) ~~yrs.~~ ~~mos.~~ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Aldehurst, M. D.

1-24 1931 (Address) 4012 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Bridge, Md.

DATE OF BURIAL 1/26/31

20 UNDERTAKER Frank D. Lutzke, 4101 Edmondson Ave

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 64588

E 64588

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 705 W La Fayette St., 16-23 Ward)

2-FULL NAME Wm H. Hawkins

(a) RESIDENCE No. 1319 W La Fayette St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE: Years 33 Months ..... Days ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 023
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Wm Hawkins

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Ottie Belle

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Hurly Morrison
(Address): 1319 W. La Fayette

15 Filed ..... 19 ..... C. ALEXANDER JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (duration) ..... yrs. five days mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Robert Robertson, M. D.

Jan 22 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary Cem — DATE OF BURIAL: 1/25 1931

20 UNDERTAKER: Lemmon & Hensley — ADDRESS: 1728 N Eutaw

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64589

93-003 E 64589

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 343 Gruman ST. 26th (WARD)

2-FULL NAME John F. Hitchins

(a) RESIDENCE No. 343 Gruman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine T. Hutchins,

6 DATE OF BIRTH (month, day, and year) July 1. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) 611
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John F. Hutchins,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Howard L. Griffith
(Address) 343 Gruman St.

15 Filed ..... 192 HAMPSON JONES, M. D. Registrar

N 25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) A. Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G. C. Glades, M. D. Coroner

, 19 (Address) 143 N. Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL JAN 27 1931 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

1-30—M. & T.—100 B—50L

E 64590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. E 64590

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Ag Hospital 58 ST., ... WARD)

2-FULL NAME Elizabeth McCook

(a) RESIDENCE NO 326-N-20. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Cook,

6 DATE OF BIRTH (month, day, and year) October 20, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Melvin A. Schneider
(Address) 2417 A Pulaski St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) G. E. Gades, Coroner, M. D.

, 19 (Address) 173 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL David Ridge

DATE OF BURIAL JAN 27, 1931

20 UNDERTAKER Geo W Little

ADDRESS 2708 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks.

E 64591

HEALTH DEPARTMENT—CITY OF BALTIMORE

47-002 E 64591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hosp.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 15-68 (WARD))

2-FULL NAME Charles Schreiber

(a) RESIDENCE No. 1638 E. Smallwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Julius Schreiber

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Sto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Schreiber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fanny —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis
(Address) 1439 E Balto St

15 Filed ....., 19 ..... RYL ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 19 30, to Jan 24, 19 31, that I last saw him alive on Jan. 24, 19 31, and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(duration) ..... yrs. 9 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical OBS

(Signed) Milton B Hirsh, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 1-25- 19 31

20 UNDERTAKER Joe Levin, 1439 E Balto St

ADDRESS

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64592

108

E 64592

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~[illegible]~~ Sinai Hospital ST. 13-54 WARD)

2-FULL NAME Mrs Annie Slevitz

(a) RESIDENCE No. 2211 Lynnbrook Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Julius Slevitz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Philip Fuchbanter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Tuda -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Levin
(Address) 1431 E. Balto St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1931, to Jan 24, 1931, that I last saw h alive on Jan. 24, 1931, and that death occurred, on the date stated above, at 12:50 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right)

(duration) ..... yrs. mos 7 da.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. da.

18 Where was disease contracted if not at place of death? 2211 Lynnbrook Ave.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. L. Levin, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levinson Funeral Home

DATE OF BURIAL 1-25 1931

20 UNDERTAKER Jack Levine

ADDRESS 1431 Balto. St

JAN 25 1931 HIRAM JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

64593

CERTIFICATE OF DEATH.

59 E 64593

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ethel Jacobs

(a) RESIDENCE NO. 1647 N. Patterson Park Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Jacobs

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Harry Levinthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Molly —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Meyer Levinthal (Brother)

(Address) 2801 Druid Park

15 Filed JAN 25 1931, 19 HAYES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1931, to Jan. 24, 1931, that I last saw her alive on Jan. 24, 1931, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sidney Murray Run

DATE OF BURIAL 1-25- 1931

20 UNDERTAKER Jacob Lewis, 1739

ADDRESS E. Balt. St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64594 59 E 64594

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 26-1 WARD)

2 FULL NAME Maggie Kafer

(a) RESIDENCE No. 3408 Fait Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Kafer

6 DATE OF BIRTH (month, day, and year) Oct. ?, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George Kestner

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-31

17 I HEREBY CERTIFY, That I attended deceased from 1-20-31, 19..., to 1-23-31, 19...
that I last saw he alive on 1-23-31, 19...
and that death occurred, on the date stated above, at 7:00 A m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage into Cerebrum (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

1-24 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan 26 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St.

Spec.—1-30—M. & T.—250 Bks.

Wm H Hale

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64595

CERTIFICATE OF DEATH.

137

E 64595

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. William H Hale St. 14 WARD) 20

2-FULL NAME 17 Lafayette Ave

(a) RESIDENCE No. 17 Lafayette Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Millie Hale

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE: 74 Years; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: U. S.

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Same

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto City

14 Informant: Millie Hale
(Address): 17 Lafayette Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/24/31

17 I HEREBY CERTIFY, That I attended deceased from 1/17/31, 19..., to 1/24/31, that I last saw him alive on 1/24/31, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows: Cystitis, Chronic

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Enlarged Prostate (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

1/24/31 (Signed) Leo Eddis, M. D.
(Address) 52 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 1/25/1931

20 UNDERTAKER: 1631 Druid Hill Ave

ADDRESS: No. Res.

Spec.—1-30—M. & T.—250 Bks.

24623
Lyn
E 64596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121

E 64596

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1-4-30 WARD)

2-FULL NAME Dorothy Queen

(a) RESIDENCE No. 1500 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Elevator Op

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Effie Fountain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 22, 1930, that I last saw h 91 alive on Jan 22, 1930, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix c general peritonitis and development of Pneumonia.

1 week or 8 days. (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) appendicitis contributed to development of peritonitis (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? In Balto

Did an operation precede death? yes Date of 1-19-31

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) J. A. Abernathy, M. D.

, 19 (Address) H H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 1/25/1931

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

JAN 25 1931 HENRY S. MYERS, M. D.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64597 137 E 64597

REGISTERED NO. 14-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 W Franklin ST. ward)

2—FULL NAME Peter Richard Janey

(a) RESIDENCE NO. 1413 W Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) Hauling

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Calvert Co

PARENTS

10 NAME OF FATHER Moseller Janey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ruth Jones

(Address) 1413 W Franklin

15 Filed N 25 1931 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22-31.

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1931, to June 22, 1931, that I last saw him alive on January 22, 1931, and that death occurred, on the date stated above, at 8-45 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Enlarged Prostate - Renal Retention (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 1220 Shuster

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical - Urine

(Signed) W. H. Wright, M. D.

1/22, 1931 (Address) 1209 Presbrey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Jan 26 1931
20 UNDERTAKER	ADDRESS
Samuel W. Rose & Son	638 N. Gilmor

Spec.—0-30—A. & Co.—250 Bks.

E 64598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64598

CERTIFICATE OF DEATH.

45-006

34-35

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Hull St. ..... (WARD)

2-FULL NAME Leon Gralewski

(a) RESIDENCE No. 1210 Hull St. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 6 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER Andrew Gralewsin

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant Pauline Gralewsin
(Address) 1210 Hull St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Jan 22, 1931 that I last saw him alive on Jan 21, 1931 and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pharynx.

(duration) ..... yrs. 7 mos. 22 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic.

(Signed) Thos. F. G. Stevens M. D.

1-24 1931 (Address) 2878 Huxford

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. — DATE OF BURIAL: Jan 26 1931

20 UNDERTAKER: John M. Webley — ADDRESS: 401 S. Chester St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64599

CERTIFICATE OF DEATH.

107-0 E 64599

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 William St. 24-33 WARD)

2 FULL NAME Sarah A Seward

(a) RESIDENCE NO. 912 William ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Capt Geo. F. Seward

6 DATE OF BIRTH (month, day, and year): Oct 6 1848

7 AGE: Years 82 Months 3 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dorchester Co Md

PARENTS

10 NAME OF FATHER: John R Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co Md

12 MAIDEN NAME OF MOTHER: Margaret J. Seward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co Md

14 Informant: Mrs Grace E Randall
(Address) 833 William

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/24/31

17 I HEREBY CERTIFY, That I attended deceased from 1/13, 1931, to 1/24, 1931, that I last saw her alive on 1/23, 1931, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Old age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. Edw. Smith M. D.

1/24/31 (Address) 910 Light St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 26 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

NOV 1931 HARRY JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64600

CERTIFICATE OF DEATH.

E 64600

94-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Hugo Ave St. 9-46 WARD)

2 FULL NAME Mary Elizabeth Johnson

(a) RESIDENCE NO. 2707 Hugo Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Roderick Johnson

6 DATE OF BIRTH (month, day, and year) Aug 22 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) ~ 000

(c) Name of employer ~

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Lon H Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Strayhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Nellie M Wagaugh 2707 Hugo Ave

15 Filed ....., 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1930, to Jan 23, 1931 that I last saw her alive on Jan 21, 1931 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Arthur J Krinzer M. D.

1/24, 1931 (Address) 2700 Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Francis J Lyons

ADDRESS 1600 Woodworth Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001 ✓

E 64601

82 E 64601

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3228 Ellerslie ST., 26th WARD)

2—FULL NAME Ida Florence Proctor

(a) RESIDENCE NO. 3228 Ellerslie ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Proctor

6 DATE OF BIRTH (month, day, and year): Sept 22 1854

7 AGE: Years 77 | Months 4 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nothing

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Samuel Kimball

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Ellen McKinney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: William Proctor
(Address) 3228 Ellerslie

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 24 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 24, 1931, that I last saw h. alive on Jan 24, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
Hemiplegia

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Jenwick, M. D.

Jan 24 1931 (Address) 4700 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount | DATE OF BURIAL: Jan 27 1931

20 UNDERTAKER: Jeremiah Byrne | ADDRESS: North

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64602 93-004 E 64602

CERTIFICATE OF DEATH.

REGISTERED No. 98-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5008 Liberty Hts Ave (St.) (Ward)

2-FULL NAME Edward Gore

(a) RESIDENCE No. 5008 Liberty Hts Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Gore

6 DATE OF BIRTH (month, day, and year) Feb 2 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	52	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tile Setter

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer John Hook Baltimore Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Jesse P. Gore

11 BIRTHPLACE OF FATHER (city or town) Petersburg Va (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Ott

13 BIRTHPLACE OF MOTHER (city or town) Wilmington (State or country) Delaware

14 Informant Joseph Gore (Address) 1150 Moreland Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 23, 1931, that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease

(duration) yrs. 1 mos 30 ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. S. Love, M. D.

Feb. 1, 1931 (Address) 836 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Lynch Sypher — ADDRESS 1600 W Mt Royal Ave

FEB 1 1931 HAMILTON JONES, M.D.

Spec.—9-30—A. & Co.—250 Bks.

E 64603

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64603

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 25-77

2. FULL NAME Wassel Wietek

(a) RESIDENCE No. 4620 Curtis ave. St. ..... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth Unknown yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1893?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Tony Wietek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Kelly ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records
(Address)

15 Filed ....., 19..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Jan. 23, 1931, that I last saw him alive on Jan. 23, 1931, and that death occurred, on the date stated above, at 2.10 p. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) David Lerner M. D.

1-23 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Ind. Cemetery — DATE OF BURIAL Jan 25 1931

20 UNDERTAKER John A. Grebinschoski Jr. — ADDRESS 423 S. Paca St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64604

CERTIFICATE OF DEATH

E 64604

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

6-9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E. Fayette ST., ... WARD)

2-FULL NAME Ephriam Taylor

(a) RESIDENCE NO 1505 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mackey Taylor

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Dennis Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Louisa -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Clyde Taylor
(Address) 1505 E. Fayette

15 Filed ....., 192 ..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. H. Breen, M. D. Coroner

Jan 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cemetery — DATE OF BURIAL 1/26/31

20 UNDERTAKER Robert E. Williams — ADDRESS 1515 N. McElderry St

Spec.—9-30—A. & Co.—250 Bks.

E 64605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

E 64605

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 S. Carey St. 21-29 WARD)

2 FULL NAME Annie Celeste Tracey

(a) RESIDENCE No. 1312 S. Carey ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Tracey

6 DATE OF BIRTH (month, day, and year) Sept. 28 1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Bauder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Mary A. Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr. William M. Tracey
(Address) 1312 S. Carey St.

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1930, to Jan. 24, 1931 that I last saw her alive on Jan. 23, 1931 and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

1/24 1931 (Signed) Wm. L. Strauss M. D.

(Address) Washington Blvd. & Griffis Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

20 UNDERTAKER Joseph B. Cook

DATE OF BURIAL Jan. 26 1931

ADDRESS 1003 W. Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

64606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+108

REGISTERED NO. E 64606

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. ..... ST 17-51 WARD)

2-FULL NAME Joe Fox

(a) RESIDENCE No. 4828 Globe Ave., Cincinnati, Ohio ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer S. S. Bessemer City

9 BIRTHPLACE (city or town) Cincinnati (State or country) Ohio

PARENTS

10 NAME OF FATHER Harry Fox

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Hamilton Co., Ohio

14 Informant Records U. S. Marine Hospital (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Jan. 25, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory & clinical tests

(Signed) Gordon A. Abbott M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Midland City, Ohio	Jan. 25, 1931
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc	125 E. North ave.

HARRISON JONES, M.

1-30—M. & T.—100 B—50L

E 64607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163-008 ✓ E 64607

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-16 WARD)

2-FULL NAME Lillian Jones

(a) RESIDENCE NO 1947 Perlman Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Jones

6 DATE OF BIRTH (month, day, and year) Sept 28, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER XXXXXXX Ostertag

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Jones (Husband)
(Address) 1947 Perlman Place

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poisoning
(Probably Suicide)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Caecal Drainage Date of Jan 17/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Jan 24/31, 19 (Address) 508 E. North Ave Attender

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1/26 1931

20 UNDERTAKER E. J. Fanning Inc

ADDRESS 1938 E. Lafayette Ave

Spec.—9-30—A. & Co.—250 Blks.

E 64608 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64608

CERTIFICATE OF DEATH.

REGISTERED No. 1647 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16 WARD)

2. FULL NAME Adler R. Schultz

(a) RESIDENCE No. 3231 Pratman St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: J. Elmer Schultz

6. DATE OF BIRTH (month, day, and year): Sept 8, 1892

7. AGE: 38 Years, 4 Months, 16 Days — 39
If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Bernard Waltruf
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Myers
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14. Informant (Address): Hospital records

15. Filed JAN 26 1931 1931 G. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Jan 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to January 22 1931
that I last saw h. alive on January 22, 1931
and that death occurred, on the date stated above, at 7 30 P. M.

The CAUSE OF DEATH* was as follows:
Acute Appendicitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Emboles
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At home
Did an operation precede death? Yes Date of 1/13/31.
Was there an autopsy? No
What test confirmed diagnosis? Clinical symptoms & findings
(Signed) G. Bennis Hamburger M. D.
, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery
DATE OF BURIAL: 1/26 1931

20. UNDERTAKER: E. D. Fanning & Son
ADDRESS: 1938 E. Lafayette Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64609

CERTIFICATE OF DEATH

93-003

E 64609

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 22-33 ST., ... WARD)

2-FULL NAME John W. Palmer.

(a) RESIDENCE No. 107 Hughes ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Jennie Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emma Smith
(Address) 1314 Patapsco st

15 Filed ..... 192 ..... Registrar

JAN 26 1931 C. HARRISON JONES, M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Jan 23

What test confirmed diagnosis? Finding

(Signed) W. C. Grady, M. D. Coroner

, 19 (Address) 142 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL Jan 26 1931

20 UNDERTAKER C. Schloman & Son — ADDRESS 1039 Hanover st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64610

CERTIFICATE OF DEATH.

94-001

E 64610

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3509 Elm Ave St., 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias J Hollinger

(a) RESIDENCE NO. 3509 Elm Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8 - 1881

7 AGE: Years 49 Months 5 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Table Operator

(b) General nature of industry, business, or establishment in which employed (or employer): Pa Ry

(c) Name of employer

9 BIRTHPLACE (city or town): Pa

(State or country)

PARENTS

10 NAME OF FATHER: Jacob W. Hollinger

11 BIRTHPLACE OF FATHER (city or town): Pa

(State or country)

12 MAIDEN NAME OF MOTHER: Mary L. Carnes

13 BIRTHPLACE OF MOTHER (city or town): Maryland

(State or country)

14 Informant: Mrs Lotta Hollinger

(Address) 3509 Elm Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Pertonis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Jan 25 1931 (Address) 36 2 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial Jan 26 1931

20 UNDERTAKER: D S Marshall ADDRESS 3339 Falls Rd

Very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 64611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 64611

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 1 ST. 22-31 WARD)

2. FULL NAME Samuel Morsell

(a) RESIDENCE No. 843 China ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Goldsboro

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Benjamin Morsell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-31

17 I HEREBY CERTIFY, That I attended deceased from 1-21-31, 19..., to 1-23-31, 19..., that I last saw him alive on 1-23-31, 19..., and that death occurred, on the date stated above, at 2:20A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

1-24 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL Jan 26 1931

20 UNDERTAKER John H Trader — ADDRESS 1027 Randall

Spec.—1-30—M. & T.—250 Bks

Sneed

E 64612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64612

CERTIFICATE OF DEATH.

REGISTERED NO. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST. 12 WARD)

2-FULL NAME Martha Sneed

(a) RESIDENCE No. 721 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Trader

(Address) 1027 Druid Hill

15 Filed 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/31

17 I HEREBY CERTIFY, That I attended deceased from 1/9, 1931, to 1/24, 1931, that I last saw her alive on 1/24, 1931, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Intra ventricular hemorrhage

(duration) yrs. mos 4-5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Unknown yrs.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

1/25, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson

DATE OF BURIAL Jan 27, 31

20 UNDERTAKER John H Trader

ADDRESS 1027 Druid Hill

Coe.—10-10-29—A Co.—100 Bks.

64613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 64613

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 929 Bennett Place St., 16-26 (Ward)

2-FULL NAME Nathaniel Chuze

(a) RESIDENCE NO. 929 Bennett Pl St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: Years 35 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) N. Ca
(State or country)

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant F. E. Murphy
(Address) 929 Bennett Pl

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Stenosis

Cardia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regurgitation

(Signed) [illegible] M. D.

19 [illegible] (Address) [illegible] Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Littleton N. Ca

20 UNDERTAKER: Samuel Easton

DATE OF BURIAL: 1-24-1930 19 .

ADDRESS 916 [illegible]

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64614

94-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 St. Paul ST. 17-50 WARD)

2-FULL NAME John Philsmon Paca, Sr.

(a) RESIDENCE No. 2931 St. Paul St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Bessie Miller Paca

6 DATE OF BIRTH (month, day, and year) Apr. 10, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Att'y-at-Law

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md

PARENTS

10 NAME OF FATHER John Philsman Paca

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Florence Keys

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Family Bessie Miller Paca. (Address) 2931 St. Paul St.

15 Filed 1-26 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1931, to Jan 23, 1931, that I last saw him alive on Jan. 22, 1931, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Coronary artery Thrombosis (duration) 0 yrs. 0 mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme M. D.

1/23/1931 (Address) 3014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 1-26 1931

20 UNDERTAKER Henry W. Jenkins' Sons Co

ADDRESS Orchard & McCulloh

Spec.—9-30—A. & Co.—250 Bks.

Esther Rosenbloom

E 64615

E 64615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 243 S. Edw St 3-4 WARD)

REGISTERED NO ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Esther Rosenbloom

(a) RESIDENCE NO 243 S. Edw ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Saw Rosenbloom

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): J. Lewis 1434 E. Balto. St

15 Filed 1 19 31 H. M. JONES, M. D. Registrar

JAN 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 24, 1931, that I last saw her alive on Jan 24, 1931, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis
Auricular fibrillation

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jacob Cohen M. D.

1/25 1931 (Address) 223 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodmen Circle, Mt. Carmel — DATE OF BURIAL: 1-26-31

20 UNDERTAKER: Jacob Lewis, 1439 E — ADDRESS: Balto St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64616

93-003

E 64616

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2122 W. Fort St. 15-68 Ward)

2-FULL NAME Jos. Baskey

(a) RESIDENCE NO. 2122 W. Fort St. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6 DATE OF BIRTH (month, day, and year) Jan 31-1848

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	82	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired,
(b) General nature of industry, business, or establishment in which employed (or employer) Adams Express
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Jas L. Baskey

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Black

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Harry Baskey
(Address) 2204 Wickes Rd

15 Filed ..... 19..... Registrar

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D.

Jan 23rd (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 26 1931
20 UNDERTAKER	ADDRESS
Wm Routson	2238 W Mt Ran

JAN 26 1931 C. HARRY JONES M. D.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64617

50

E 64617

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Ridgewood Av St., 15-13 Ward)

2-FULL NAME Margaret Spitler

(a) RESIDENCE No. 3924 Ridgewood Av St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 45 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of James C. Spitler

6 DATE OF BIRTH (month, day, and year) Jan-4-1880

7 AGE Years 51 Months 0 Days 20 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) New London
(State or country) England

PARENTS

10 NAME OF FATHER Thos. Woodfall

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) England

12 MAIDEN NAME OF MOTHER Emma Coombs

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country) England

14 Informant Mr. Paul C. Spitler (son)
(Address) McDonogh School

15 Filed Jan 26 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 24, 1931, that I last saw h alive on Jan 24, 1931, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Breast

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic Carcinoma of the Cerebellum (duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes (✓) Date of Feb 1929 & Sep Dec 1930

Was there an autopsy? no

What test confirmed diagnosis? microscopic exam.

(Signed) Robert L. Mitchell M. D.

1/27, 1931 (Address) 1111 Maryland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Stewart & Company — ADDRESS Balto

JAN 26 1931 ..... JONES, M. D. Registrar

Spec.—1-30—M. & T.—250 Bks.

E 64618 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64618

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Witherspoon Rd. ST. 27-48 WARD)

2. FULL NAME Emma Eldridge Ford

(a) RESIDENCE No. 210 Witherspoon Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 0 mos. 28 ds. How long in U. S., if of foreign birth? 84 yrs. 0 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of David R. Ford

6 DATE OF BIRTH (month, day, and year) Dec-27-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edwd. Thomson

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Mr Horace R. Ford (son)
(Address) 210 Witherspoon Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1931, to Jan 24th, 1931, that I last saw h. alive on Jan 24th, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation due to Chronic Myocarditis & Ch. Valv. Endocarditis

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Valv. Endocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Spencer Brock, M. D.

1/26. 1931 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Jan. 27 1931

20 UNDERTAKER Howard W. Lewis — ADDRESS Balto.

JAN 25 1931 H. MARTIN JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64619

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Ailsa Ave. St. 27-44 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Elizabeth Foxwell

(a) RESIDENCE No. 2404 Ailsa Ave St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 88 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J Foxwell

6 DATE OF BIRTH (month, day, and year) Dec 24 1842

7 AGE Years 88 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Accomac Co. (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Adams

11 BIRTHPLACE OF FATHER (city or town) Accomac Co (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Lewis

13 BIRTHPLACE OF MOTHER (city or town) Accomac Co (State or country) Virginia

14 Informant Mrs J S Landers (daughter) (Address) 2404 Ailsa Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 25, 1931 that I last saw her alive on Jan 25, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation
Auricular Fibrillation.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clark Emrich M. D.

Feb 1931 (Address) 417 N Hoyne Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Jan. 27 1931

20 UNDERTAKER Stewart & Emrich ADDRESS 1101 Pratt

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64620

CERTIFICATE OF DEATH.

E 64620

1-PLACE OF DEATH Baltimore City Hospitals

23-31 75

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2-FULL NAME Mary E. Abbott

(a) RESIDENCE No. 114 W. Crosse ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Ed. E. Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie C. Hauffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

JAN 26 1931 C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-31, 19..., to 1-23-31, 19 that I last saw her alive on 1-23-30, 19 and that death occurred, on the date stated above, at 6:30P m.

The CAUSE OF DEATH* was as follows:

Alcoholism, chronic;
Psychosis, toxic, alcohol;
Hallucinosis.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy + history.

(Signed) Paul Podgel, M. D.

1-24 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oldas Hill bm — DATE OF BURIAL: Jan 26 1931

20 UNDERTAKER: A. Howard Evans — ADDRESS: 28 E. Fairmount Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64621

E 64621

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Shango St. 23-31 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm E. Vaughn

(a) RESIDENCE No. 1104 Shango St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~write the word~~)
M	Col	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Kane

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	58	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bolt Copper

(c) Name of employer Copper Mfg

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

PARENTS

10 NAME OF FATHER Benj. Vaughn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co, Md

12 MAIDEN NAME OF MOTHER Caroline Carr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Benj. Vaughn
(Address) 1104 Shango St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/31

17 I HEREBY CERTIFY, That I attended deceased from 1/21/31, 19..., to 1/23/31, 19...
that I last saw him alive on 1/23, 19 31
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Influenza & Pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) J. H. Carroll M. D.

1/24/31 (Address) 830 Shango St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md Jan

DATE OF BURIAL 26. 1931

20 UNDERTAKER Walter P. Scruggs

ADDRESS 134 W Hamburg St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 64622

CERTIFICATE OF DEATH

E 64622

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen Hosp ST. 48-26 WARD)

2-FULL NAME Laurence E Johnson

(a) RESIDENCE No. 823 W Fairmount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Richmond Va

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Louis Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Louis Johnson
(Address) 823 W Fairmount Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 4 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) J. H. Smith, M. D. Coroner

(Address) Jan H Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Jan 26, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Schroeder St.

APR 1931 J. HAMPSON JONES, M.

1-30—M. & T.—100 B—50L

E 64623

HEALTH DEPARTMENT—CITY OF BALTIMORE

174 E 64623

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Smithson St. 14-20 (WARD)

2-FULL NAME Filghman Mitchell

(a) RESIDENCE No. 603 Smithson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Miss

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Ella Davis
(Address): 603 Smithson

15 Filed ....., 192 ..... Registrar

C. HAMPSON JONES, M.D.
6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage Shock and Fractured Lacerated Spleen

(duration) ..... mos.

CONTRIBUTORY (Secondary) Hatchet (duration) yrs. mos.

18 Where was disease contracted if not at place of death? 603 Smithson St

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H. Leslie Corner, M. D. Coroner

Jan 18, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Jan 26, 1931

20 UNDERTAKER: Mrs Kate P. Williams

ADDRESS: 2227 Schroeder St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 64624

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 64624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, No. 1806 Ashburton Ave St. 1568 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jas. Florence Irene Bolton

(a) Residence No. 1806 Ashburton Ave St. ..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 15th 1859

7-AGE. 71 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Ga

PARENTS.

10-NAME OF FATHER, Stephen Clarke

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ga

12-MAIDEN NAME OF MOTHER, Ellen J. Stokes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ga

14- (Informant) William R. Bolton

(Address) 1806 Ashburton Ave

15- Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 25/31

17- I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931 to Jan 25, 1931, that I last saw her alive on Jan 24, 1931 and that death occurred, on the date stated above, at 1^00 a.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) T. M. Lumpkin, M. D.

, 19 (Address) 3409 Gallow Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL, Jan. 28, 1931

20-UNDERTAKER, George L. Schmidt ADDRESS 1201 Eutaw Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 64625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. ..... WARD) 47

2. FULL NAME Ruby Peggy Lillie Slacum

(a) RESIDENCE No. 162 1st St. Eastport Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ?

7 AGE: Years ..... Months 4 1/2 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastport Md

PARENTS
10 NAME OF FATHER Geo. Slacum
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Alice Weslie
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Md

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

JAN 26 1931 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to Jan 26, 1931
that I last saw h— alive on Jan 26, 1931
and that death occurred, on the date stated above, at 12 30 A m.
The CAUSE OF DEATH* was as follows:

Malnutrition
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Taylor M. D.

Jan. 26, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md.

DATE OF BURIAL Jan. 26 1931

20 UNDERTAKER Geo. S. Taylor & Sons.

ADDRESS Annapolis Md.

1-30—M. & T.—100 B—50L

E 64626

HEALTH DEPARTMENT—CITY OF BALTIMORE

22 E 64626

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joesphs Hosp ST., 9-46 WARD)

2-FULL NAME Carl Eric Keseling

(a) RESIDENCE NO 1914 E. 28th. St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Mar. 4/1912

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	10	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Mid City Sales Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. J. Keseling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Elsa Bladin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Wm. J. Keseling
(Address) 1914 E. 28. St.

15
Filed ..... 192 ..... Registrar

N 28 1931 C. HAMPSON JONES, M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Tetanus-On Jan 1st pistol with blank cartridge exploded injured rt index finger
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Hueen, Coroner, M. D.

Jan. 24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Jan 26/31

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64627

93-003

E 64627

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

2-FULL NAME George A Neumann

(a) RESIDENCE No. Catonsville ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M Neumann

6 DATE OF BIRTH (month, day, and year) Feb 18. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Butcher 013

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Adam Neumann

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Germany

12 MAIDEN NAME OF MOTHER Cecile Rennell

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mt Hope Records
(Address) Mt Hope Retreat

15 Filed ..... 19 ..... Registrar

N 26 1931 C. HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1928, to Jan 24, 1931, that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 8.35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic - Myocarditis - (Arterio - Sclerosis)

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Melancholia (duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1/27/1931

20 UNDERTAKER Joyce & Staley Fulton St

ADDRESS Fayette

Spec.—9-30—A. & Co.—250 Bks

E 64628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

26-42

REGISTERED No. E 64628

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 5405 Newell Ave. ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Araminta A. ~~XXXXX~~ Martin 1/29/31. C. H. No. Fr.

(a) RESIDENCE No. 5405 Newell Ave. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles H. Martin

6 DATE OF BIRTH (month, day, and year) June 10 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant James Meyerrith
(Address) 5405 Newell Ave.

15 Filed ....., 19 ..... Reg. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23/31.

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan. 23, 1931.
that I last saw he alive on Jan 23, 1931.
and that death occurred, on the date stated above, at 11-45 P.M.
The CAUSE OF DEATH* was as follows:

Bronchi Pneumonia
(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease
(Duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. Meyer Jr. M. D.
1/26/31 (Address) 1501 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary Cem Hampden	1/26 1931

20 UNDERTAKER Angelo Tulay ADDRESS Fulton Fayette

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64629 E 64628

E 64629

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 24-35 WARD)

2-FULL NAME Jean Knight

(a) RESIDENCE NO. 1747 Cookson St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 12 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) O&O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER Richard Knight
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Morgan
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Richard Knight
(Address) 1747 Cookson St

15 Filed JAN 26 1931 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 25, 1931, that I last saw her alive on Jan 25, 1931, and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) ..... yrs. ..... mos 19 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia (duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Free, M. D.

1/25, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Galwarth Cemetery DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Margaret A. Flynn ADDRESS 1400 Light St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

49-002

E 64630

CERTIFICATE OF DEATH.

E 64630

REGISTERED NO. .....

1-PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 27-55 WARD)

2-FULL NAME Annie Lee

(a) RESIDENCE NO. 5322 Mogle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1869 Dec. 20th

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
62 ?		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Md.

PARENTS

10 NAME OF FATHER Stephen Tawney ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Estella Gibson

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Pa

14 Informant Friends
(Address) Baltimore City Hosp.

15 Filed ..... 19 ..... Registrar

FEB 20 1931 HAMILTON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-31

17 I HEREBY CERTIFY, That I attended deceased from 9-11-, 1930, to 1-24-, 1931, that I last saw h. alive on 1-24-, 1931, and that death occurred, on the date stated above, at 2 35 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Vulva with local metastasis

(duration) ..... yrs. 18 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of ?

Was there an autopsy? no

What test confirmed diagnosis? clinical & biopsy

(Signed) Fred M. Dunkum M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon P/K

DATE OF BURIAL Jan 28th 1931

20 UNDERTAKER A. Jones

ADDRESS W. L. Gelsner

Spec.—1-30—M. & T.—250 Bks

E 64631 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64631

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Colerin ST., 5-8 WARD)

2-FULL NAME Louise Bolton

(a) RESIDENCE NO. 217 Colerin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1873

7 AGE 57 Years 58 Months — Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Jennie Hall
(Address) 217 Colerin St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-31

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1931, to 1-24, 1931, that I last saw h. alive on 1-24, 1931, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) 3 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) unk

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Allen, M. D.

1-26-1931 (Address) 1500 Jamesway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Mrs J. G. Locke

ADDRESS 1302 Jefferson

ARTHUR HAMILTON JONES, M. D.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64632

CERTIFICATE OF DEATH

E 64632

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S. Belnord. ST. 1-3 WARD)

2—FULL NAME George Wojcik (or Wojciech Wojcik)

(a) RESIDENCE NO. 809 S. Belnord Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 13 1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Simon Wojcik

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Michael S. Wojcik
(Address) 3415 Elliott St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1930, to Jan 24 1931, that I last saw him alive on Jan. 24 1931, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia (Incomplete)
Regional Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Kenworthy, M. D.

1/26 1931 (Address) 3079 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Jan 27 1931

20 UNDERTAKER: Stephen J. Trakowski INC ADDRESS: 1000 S. Kenwood Ave

JAN 26 1931 H. S. C. NOSBITH

Spec.—0-30—A. & Co.—250 Bks

(Battaglia)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64633

CERTIFICATE OF DEATH.

107 E 64633

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1011 N. Central Ave 10-14 WARD)

2 FULL NAME Sam Battaglia

(a) RESIDENCE No. 1011 N. Central Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred 2yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/26/28

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
2	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Joe Battaglia

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Stella Cologia

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant Rosella Cologia
(Address) 1011 N. Central Ave

15 Filed 1-26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 26, 1931

that I last saw him alive on Jan 26, 1931

and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

1. Broncho-Pneumonia
2. Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Harry Weintraut M. D.

, 19 (Address) 1730 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 1/27/31, 19

20 UNDERTAKER George J. Roth Inc — ADDRESS 1733 Hoffman

Spec.—1-30—M. & T.—250 Bks.

E 64634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 64634

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Durham ST., 8-17 WARD)

2-FULL NAME Olivia B. Flynn

(a) RESIDENCE NO. 1614 N. Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/6/1926

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	4	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Patrick J. Flynn

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Nellie M. Russell

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Patrick J. Flynn
(Address) 1614 N. Durham St

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1931, to Jan. 24, 1931, that I last saw him alive on Jan. 23, 1931, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible], M. D.

(Address) 1612 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loyola Cathedral — DATE OF BURIAL 1/26/31

20 UNDERTAKER George J. Roth Inc — ADDRESS 1732 Harford

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64635

93003 E 64635

CERTIFICATE OF DEATH.

12-50

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Guilford Ave. ST. ..... WARD)

2-FULL NAME Elizabeth V. Willax

(a) RESIDENCE No. 2903 Guilford Ave. ST., ... WARD .....
(Usual place of abode) Lifetime (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles J. Willax

6 DATE OF BIRTH (month, day, and year) June 27th. 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John A. Fullenkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Widerhamp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Theresa Willax
(Address) 2903 Guilford Ave.

15 Filed ..... 19 ..... RCK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24th. 1931.

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1931, to January 24, 1931, that I last saw him alive on January 23, 1931, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Endo-Myocarditis
acute-dilatation heart

(duration) ..... yrs. 14 mos 14 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual ones

(Signed) F. J. Kirby, M. D.

1/24, 1931 (Address) 110 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan 27 1931

20 UNDERTAKER Chas. R. Brauer & Son — ADDRESS 118 N. Mt. Royal Ave

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64636

23

CERTIFICATE OF DEATH.

REGISTERED NO. E 64636
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2033 E Lombard St 2-4 WARD)

2 FULL NAME Mary V. Kernan

(a) RESIDENCE No 2033 E Lombard St (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Kernan

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 66; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Buckley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John Kernan
(Address): 2033 E Lombard St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26/31

17 I HEREBY CERTIFY, That I attended deceased from 6/1 30 to Jan 26 31, 19 ..., that I last saw he alive on Jan 16 31, 19 ..., and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH was as follows:

Pul. B

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at address

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Frame M. D.

1/26 19 31 (Address) 2939 Mt Edney

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 28 1931

20 UNDERTAKER: Frank Leach & Son 1906 Ashland Av — ADDRESS

JAN 26

Spec.—9-30—A. & Co.—250 Bks

64637

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-00.3

CERTIFICATE OF DEATH.

E 64637

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. 9-46 WARD)

2. FULL NAME Catherine Baker

(a) RESIDENCE No. 902 Montpelier ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred lifes. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Baker

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Willis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Tredell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

JAN 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from 12-22-30, 19..., to 1-25-31, 19...

that I last saw her alive on 1-25-31, 19...

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) Paul Padget M. D.

1-26 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Jan 29, 19 31 — DATE OF BURIAL

20 UNDERTAKER Elmer W. Conklin — ADDRESS 924 E. Eager St.

Spec.—1-30—M. & T.—250 Bks

E 64638

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64638

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1010 E. Biddle ST. 10-14 WARD)

2-FULL NAME Theodore Dobler

(a) RESIDENCE NO. 1010 E. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER David Dobler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Pauline Radcliffe
(Address) 1019 E. Biddle St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 14, 1931, to Jany 24, 1931, that I last saw him alive on Jany 24, 1931, and that death occurred, on the date stated above, at 12,20 p.m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Failure of compensation

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) J. Wells Thomas, M. D.

Jan 26, 1931 (Address) 1228 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Jan 26, 1931

20 UNDERTAKER Rita Niedefeld

ADDRESS 914 Greenmt Ave

Spec.—1-30—M. & T.—250 Bks.

E 64639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64639

CERTIFICATE OF DEATH.

97

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Thomas Ungermach

(a) RESIDENCE No. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. GD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER George Ungermach

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Lorina Bock

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Little Sisters of the Poor
(Address)

15 Filed JAN 26 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 1931, to 1/25, 1931, that I last saw h. alive on 1/25, 1931, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility
(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY
(Secondary)
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. T. Simpson Wise, M. D.
1/26 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Rita Niedefeld

ADDRESS 914 Greenmount Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64640

CERTIFICATE OF DEATH.

131

E 64640

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1833 E. Eager St. ST. 9-13 WARD)

2-FULL NAME Ruth Williamson Carmich

(a) RESIDENCE No. 1833 E. Eager St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE col.

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Leonard Carmich

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 84 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer Herself

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Simon Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Simon Williamson
(Address) 1833 E. Eager St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930 to 1/23/31, 1931 that I last saw her alive on 1/23/31, 1931 and that death occurred on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Nephritis
about 3 mos
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) several days yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis? Chemical

(Signed) E. M. Berg, M. D.

1/24/1931 (Address) 102 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Jan 26 1931

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Aisquith

Spec.—9-30—A. & Co.—250 Bks.

E 64641

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64641

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 17-24

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ethel Brooks

(a) RESIDENCE No. 1208 Pennsylvania ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Brooks

6 DATE OF BIRTH (month, day, and year) June 19, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Robert Pickert

11 BIRTHPLACE OF FATHER (city or town) Suffolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ida Joyner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 26 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Jan. 22, 1931 that I last saw her alive on Jan. 22, 1931 and that death occurred, on the date stated above, at 11.20 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seiver M. D.

1-23 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER Commissioner Health.

ADDRESS JAN 26 1931

Wm. E. WOODALL

Spec.—1-30—M. & T.—250 Bks.

EW 205

E 64642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64642

CERTIFICATE OF DEATH.

X 51-003

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-9 WARD)

2-FULL NAME Norman Walker

(a) RESIDENCE No. Hogan Hills ST., Staten Island - N - Y -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Minnie

6 DATE OF BIRTH (month, day, and year) Mar - 15 - 1856

7 AGE Years 7 7 Months 10 Days 8 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock broker

(b) General nature of industry, business, or establishment in which employed (or employer) out

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N - Y -

PARENTS

10 NAME OF FATHER Norman Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Georgina Afealan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Records -
(Address)

15 Filed JAN 26 1931, 19 R. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26. 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan. 26, 1931, that I last saw him alive on Jan. 26, 1931, and that death occurred, on the date stated above, at 10 15 a m.

The CAUSE OF DEATH* was as follows:

(1) Pulmonary embolism from pelvic vein. (2) Infarct of the heart.

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. carcinoma of prostate (duration) undetermined yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? No disease - undetermined

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) H. C. Smith M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Silver Mound Cemetery, Staten Island N.Y. DATE OF BURIAL: Jan 27, 31

20 UNDERTAKER: John O. Mitchell & Sons. ADDRESS: 191 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

E 64643 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64643

CERTIFICATE OF DEATH. X 131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Worthington Hopkins

(a) RESIDENCE NO. Bel Air - Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda Wylie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 26 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1930, to Jan. 26, 1931, that I last saw him alive on Jan. 26, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ..... yrs. 1 mos ..... da.

CONTRIBUTORY (Secondary) Nephritis. Hypertension.

Arteriosclerosis (duration) 3 yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Bloodchemistry. Urinalysis.

(Signed) Maurice Levine, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Darlington Cemetery	June 25 1931

20 UNDERTAKER Lane & Foster ADDRESS Bel Air, Md

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64644

186-001

E 64644

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp St., 70-27 Ward)

2-FULL NAME Mrs Agenath Lowery

(a) RESIDENCE NO. 1812 Saratoga Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Lowery

6 DATE OF BIRTH (month, day, and year): Jan 22 1846

7 AGE: Years 84 Months 7 Days 5 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: Howard Co

9 BIRTHPLACE (city or town): Howard Co
(State or country)

PARENTS

10 NAME OF FATHER: David Clark

11 BIRTHPLACE OF FATHER (city or town): Howard Co
(State or country)

12 MAIDEN NAME OF MOTHER: Mary Dura Clark

13 BIRTHPLACE OF MOTHER (city or town): Howard Co
(State or country)

14 Informant: Thos J. Pudkup
(Address): Md Gen Hospital

15 Filed ....., 19.... ..... Registrar

26 1931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Femur
Fell down stairs
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary): Gangrene Penis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Penn

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Paul K. Hoffman, M. D.
(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fulford M E Cem

DATE OF BURIAL: 1/28 1931

20 UNDERTAKER: Easton Son

ADDRESS: Ellicott City

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 64645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64645

CERTIFICATE OF DEATH.

11-00

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Warner ST. A1-31 WARD)

2-FULL NAME Clara Schaeffer

(a) RESIDENCE No. 1204 Warner ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip J. Schaeffer

6 DATE OF BIRTH (month, day, and year) June 18. 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles. Leffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Carrie Bauman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Evelyn Dorsey.
(Address) 1204 Warner St

15 Filed JAN 26 1931, 19 ..... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 24, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Findings

(Signed) R. L. Campbell, M. D.

Jan 26, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Jan 27 1931.

20 UNDERTAKER Mr & Mrs John W. Teufel & Son

ADDRESS 801 W. Fayette St.

Spec.—9-30—A. & Co.—250 Bks.

64646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64646

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2875 W. Lafayette Av. St. 46 Ward)

2 FULL NAME Virginia F. Morrison

(a) RESIDENCE No. 2875 W. Lafayette Av. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wesley Morrison

6 DATE OF BIRTH (month, day, and year) 5-11-1866

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Isaac Bontzong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Minick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Elosie Cascio
(Address) 2875 W. Lafayette Av

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Jan 24, 1931 that I last saw h alive on Jan 23, 1931 and that death occurred, on the date stated above, at 4:34 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Sugar

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 1/27/31

20 UNDERTAKER George J. Ruth Mc Garry — ADDRESS 1135 Harford Av

Spec.—1-12-23—M&T—500 Bks.

E 64645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64647

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1829 N. Washington ST. 8-17 WARD)

2-FULL NAME Mary C. Rosazza

(a) RESIDENCE NO. 1829 N. Washington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan. 2, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: L. C. Rosazza

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Montandi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. C. Rosazza
(Address) 1829 N. Washington

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24 1931, to Jan. 26 1931, that I last saw h[illegible] alive on Jan. 2[illegible] 1931 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Influenza

Pneumonia

(duration) ..... yrs. ..... mos. [illegible] ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam & symptoms

(Signed) [illegible], M. D.

Jan 26 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/29/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 127 St Paul St

JAN 26 1931 E. HAYES JONES, M.D.

Spec.—1-30—M. & T.—250 Bks

E 64648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64648

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Sidney Ave ST. 25th WARD) 32

2-FULL NAME Thomas Valentine Cooper

(a) RESIDENCE NO. 2206 Sidney Ave ST., 25th WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mina Cooper

6 DATE OF BIRTH (month, day, and year) Feb 20, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73.	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired, 80

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) New York,

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Herbert Norfolk ~~Mrs~~ Katie Beach 2.2.C. Md

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 25, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilitation

(duration) ....yrs. mos 3 ds.

CONTRIBUTORY (Secondary) ~~Cirrhosis~~ Endocarditis

Chronic (duration) ? yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) Thomas O. Shuler M. D.

1/25, 1931 (Address) 2910 Wallis Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/27/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

C. HAMPSON JONES, M.D.
JAN 1931

Spec.—2-29-28—L. F. S.—500 Bks.

E 64649

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Simpson 2305 Eutaw Place

131. E 64649

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 Sth Milton St. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Sowell

(a) RESIDENCE NO. 15 Sth Milton ST.,
(Usual place of abode)

WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen S.

6 DATE OF BIRTH (month, day, and year) July 30 1849

7 AGE: Years 81 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Scalko Md

10 NAME OF FATHER John Inkers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Siria

12 MAIDEN NAME OF MOTHER Elizabeth Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Ida Klausmeyer

(Address) 15 Sth Milton Ave

Filed 1931 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 24, 1931, that I last saw her alive on Jan 24, 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
Chronic myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical examined

(Signed) Frank Simpson, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 27/1931

20 UNDERTAKER William Cook

ADDRESS 1317 St Paul

Spec.—1-30—M. & T.—250 Bks.

E 64650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64650

CERTIFICATE OF DEATH.

107-001

25-75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt. Gen Hosp ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John N. Rothgeb

(a) RESIDENCE No. 604 Pontiac Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Emma L. Rothgeb

6 DATE OF BIRTH (month, day, and year) April 19, 1849

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81 years	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Building

(c) Name of employer Union Ship Bld'g Co

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Jas R Rothgeb
(Address) 604 Pontiac Ave, Brooklyn

15 Filed ....., 19 ..... R P W Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 25, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) ..... yrs. ..... mos One ds.

CONTRIBUTORY (Secondary) Bilateral Broncho pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Wm J. Sullivan, M. D.

, 19 (Address) So. Balti Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbus Ohio Cemetery

DATE OF BURIAL 1/27/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-20—M. & T.—100 B—50L

E 64651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64651

CERTIFICATE OF DEATH

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Mutual Life Insurance Building.

CITY OF BALTIMORE: (No. Charles & Chase Sts. ST., 9-14 WARD)

2-FULL NAME John T. Gerlach.

(a) RESIDENCE NO 1727 Aiken St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widow or widower~~ HUSBAND of ~~(or) Wife of~~ Agnes T. Gerlach.

6 DATE OF BIRTH (month, day, and year) April 15, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer) 662
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Agnes T. Gerlach. (wife)
(Address) 1727 Aijen St.

15 Filed ....., 192 C. HARRISON JONES, M. D. Registrar

JAN 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/26/31 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. DATE OF BURIAL Jan 26, 1931.

20 UNDERTAKER William Cook. ADDRESS 1217 St Paul St.

1-30—M. & T.—100 B—50L

E 64652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64652

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 2-4 184 WARD)

2-FULL NAME Elwood Emge

(a) RESIDENCE NO 121 S. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Emge

6 DATE OF BIRTH (month, day, and year) Aug 2/1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Fritsch Ice Plant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Emge

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sear Yam

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Anna Emge (wife)
(Address) 121 S. Wolfe St

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar
Per NPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock- Hemorrhage in thorax. Accidental discharge of pistol he was handling

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? in his home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Jan. 26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 28 1931

20 UNDERTAKER M. W. E. Deppel Jr. — ADDRESS 37 S Am

Spec.—1-30—M. & T.—250 Bks.

E 244792 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64653

E 64653

122-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-27 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter J. May

(a) RESIDENCE No. 603 N. Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary E. May

Maiden name: Unknown

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	-	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steam Fitter

(b) General nature of industry, business, or establishment in which employed (or employer): 060

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER ~~John~~ Nicholas May

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Margt Isemar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 25, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 8 15 p m.

The CAUSE OF DEATH* was as follows:
Myocardial failure, acute
(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy, vomiting, obstipation, apparently

(Signed) Conrad Acton M.D.

1/26, 19 31 (Address) Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan. 28, 19 31

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bks.

E 64654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64654

CERTIFICATE OF DEATH

11-001

28-66

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 613 Brookwood Road (WARD)

2 FULL NAME Dorothy Madora Wilson

(a) RESIDENCE NO. 613 Brookwood Road ST. ..... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Herbert R. D. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Madora Gertrude Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, ~~Maryland~~

14 Informant: Mr. H. R. D. Wilson
(Address) 613 Brookwood Road

15 Filed FEB 6 1931, 19 ..... C. HIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Jan. 25, 1931, that I last saw her alive on Jan. 25, 1931, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia (duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Gueral Signs & Sym

(Signed) Thos. H. Phillips M. D.

19 (Address) 2300 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan. 28 1931

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks.

E 64655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64655

CERTIFICATE OF DEATH.

107-001

27-56

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Woodland Avenue St. ..... WARD .....

2 FULL NAME Robert L. Mason

(a) RESIDENCE No. 3215 Woodland Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Enoch Mason

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Evelyn Hammond

13 BIRTHPLACE OF MOTHER (city or town) Reisterstown
(State or country) Maryland

14 Informant Mr. Enoch L. Mason
(Address) 3215 Woodland Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 25, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration) 3-4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Pneumonia

(Signed) Walter Becon M. D.

1/26/31 (Address) 100 E. 20th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL 1/27 1931

20 UNDERTAKER Jos. B. Cook

ADDRESS 1003 West Baltimore St.

1-30—M. & T.—100 B—50L

St. France

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64656

E 64656

CERTIFICATE OF DEATH

210-203

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital STREET 4-30 WARD)

2-FULL NAME Irene C. Reese

(a) RESIDENCE No. 1414 Kennedy st N.W. Washington D.C. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 20th 1905

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Secretary
(b) General nature of industry, business, or establishment in which employed (or employer) Government
(c) Name of employer U.S.

9 BIRTHPLACE (city or town) (State or country) Homestead Pa

PARENTS

10 NAME OF FATHER Calvin M. Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Clarion Co Pa

12 MAIDEN NAME OF MOTHER Annie Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant John E. Reese
(Address) 499 Edwards st Johnstown Pa

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which she was riding collided with another automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Vertebrae (duration) yrs. mos. ds.

over

18 Where was disease contracted if not at place of death? Waterloo Ind

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Frank Coroner, M. D.

1/26, 1931 (Address) 2939 W. Eldon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kittanning Pa

DATE OF BURIAL 1/26/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—1-30—M. & T.—250 Bks.

E 64657 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64657

11-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W. Montgomery ST., 22-31 WARD)

2-FULL NAME Morris Brown

(a) RESIDENCE No. 123 W. Montgomery ST., 22 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Brown

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE: Years 45 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: Isaiah F. Brown & Son

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Isaiah F. Brown Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Isaiah F. Brown Jr
(Address) 108 W. Montgomery St

15 Filed 1-26 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/31

17 I HEREBY CERTIFY, That I attended deceased from 1/19/31, 19..., to 1/23, 1931, that I last saw him alive on 1/23, 1931, and that death occurred, on the date stated above, at 8:45 A.M. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Or. Bronchitis Influenzal (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jan Conley M. D.

1/26/31, 19 (Address) 908 S Chapel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL Jan 27 1931

20 UNDERTAKER: Jas. W. Crane Son — ADDRESS 638 N. Gilmor

JAN 26 1931 HAMPSON JONES, M. D.

Spec.—12-6-25—A Co.—200 Bks.

E 64658

HEALTH DEPARTMENT—CITY OF BALTIMORE

15

E 64658

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1133 Wicomico St. 21-29

City of BALTIMORE: (No. _____ St. _____ Ward)

2-FULL NAME Catherine Elizabeth Haller

(a) RESIDENCE NO. 638 Wyeth St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) married

~~HUSBAND of~~ (or) WIFE of Charles Haller

6 DATE OF BIRTH (month, day, and year) Oct. 1876.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
55	54 ✓	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto. Md.

(State or country) _____

PARENTS

10 NAME OF FATHER Dennis Lanahan

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) _____

14 Informant Charles Haller

(Address) 638 Wyeth St.

15 Filed _____, 19 _____ RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 25, 1931, that I last saw her alive on Jan 25, 1931, and that death occurred, on the date stated above, at 5.00 p.m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary) Lagrippe & Acute Bronchitis

(duration) _____ yrs. _____ mos. 7 ds.

18 Where was disease contracted _____

If not at place of death! _____

Did an operation precede death! No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Non Examined

(Signed) Harry E. Yates M. D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

Date of Burial 1/28 1931

20 UNDERTAKER Frederick A. Pole

ADDRESS 1280 W. Lombard

very important. See instructions on back of certificates.

C. THOMPSON JONES, M.

Spec.—1-30—M. & T.—250 Bks

E 64659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64659

CERTIFICATE OF DEATH.

107-001

18-29

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W. Pratt st. ST., ... WARD

2-FULL NAME Sophia SWagert

(a) RESIDENCE NO. 1106 W. Pratt. st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Swagert

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md/

PARENTS

10 NAME OF FATHER Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mary E Lewis
(Address) 1106 W. Pratt. st.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/31

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 1931, to 1/26, 1931, that I last saw h. alive on 1/22, 1931, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

(1) Bronchopneumonia (hypostatic)

(2) Senility

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J Stacy G, M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 1/29 1931

20 UNDERTAKER Frederick A Cole

ADDRESS 1280 W Lombard

Spec—12-23-21—E.B.R.S.—400 Bks.

E 64660

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

E 64660

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 Smith St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arethea Riley

(a) Residence No. 616 Smith St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1897

7-AGE, 34 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS

10-NAME OF FATHER. James H. Crouner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Emma Peale

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Frannie Dorsey

(Address) 616 Smith St

15- Filed ..... 19.. ..... Registrar.

JAN 27 1931 C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 24 1931

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1930 to Jan 24 1931 that I last saw deceased alive on Jan 22 1931 and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH* was as follows:

Malaria

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

Feb 5 1931 (Address) 622 Lochraven

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Johnson's Cem. DATE OF BURIAL, Jan 27 1931

20-UNDERTAKER. John H. Tradine ADDRESS 1027 Druid Hill

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64661

93-008 E 64661

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 251 N. Exeter St. St., 5-8 Ward)

2-FULL NAME Benjamin S. Lee.

(a) RESIDENCE NO. 251 N. Exeter St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years 65 | Months --------- | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland.
(State or country)

PARENTS

10 NAME OF FATHER Jackson T. Lee.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Rowton.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Harry A. Lee.
(Address) 24th & Edgemont Ave Chester, Pa.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D.

1/26/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester Penna — DATE OF BURIAL: 1/27 1931

20 UNDERTAKER: Norman Cooke — ADDRESS: 1217 S. 4th

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64662

92-001 E 64662

25-75

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3452 Hanover St. St., ... Ward)

2-FULL NAME Alice C. Totten.

(a) RESIDENCE NO. 3452 Hanover St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White.	Widow.

5a If ~~married, widowed, divorced~~ ~~XXXXXX~~ (or) WIFE of Edward Totten.

6 DATE OF BIRTH (month, day, and year) August 24, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Robert Pettie.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia.

14 Informant Lina Totten. (daughter in law)
(Address) 3452 Hanover St.

15 Filed ....., 19.. ..... R. J. JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1931

17 I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. M. Steinhardt, M. D.

1/26/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 1/27/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Important. See instructions on back of certificate.

Spec.—9.30—A. & Co.—250 Bks

Dr Hawkins 1 E. Randall st. South 0110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64663

E 64663

CERTIFICATE OF DEATH.

REGISTERED No. 31-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6605 Elsrode Ave (Street) (Ward)

2. FULL NAME Nellie I. Biggs

(a) RESIDENCE No. 6605 Elsrode Ave (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles E. Biggs

6 DATE OF BIRTH (month, day, and year) July 25th 1886

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
44	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Ingram

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles E. Biggs (Address) 6605 Elsrode Ave

15 Filed ___ 19 ___ H. G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 26, 1931 that I last saw him alive on Jan 26, 1931 and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hammer M. D.

1/28 1931 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 1/28/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—9-30—A. & Co.—250 Bks.

Dr. J. Heck 936 E. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64664

CERTIFICATE OF DEATH.

5-8 92-001

REGISTERED No. E 64664

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 422 Aisquith ST. (WARD)

2. FULL NAME Edward S. Callender

(a) RESIDENCE No. 422 Aisquith ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Laura Callender

6 DATE OF BIRTH (month, day, and year) Jan 29th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer 57

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Callender

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil County Md

12 MAIDEN NAME OF MOTHER: Ann Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Laura Callender
(Address): 422 Aisquith St

15 Filed ... 19 ... H. McCONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1929, to Jan 24, 1931 that I last saw him alive on Jan 24, 1931 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Diabetes Heart Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Insufficiency

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Heck M. D.

Jan 26 1931 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: 1/29/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

FEB 2 1931

Spec.—8-16-29—L. F. S.—100 Bks.

E 64665

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 64665

CERTIFICATE OF DEATH

92-062

13-54

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1408 Whitelock ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Griffin

(a) RESIDENCE NO. 1408 Whitelock ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) Odo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaret Roane
(Address) 2417 Druid Hill ave

15 Filed ....., 19 .....

J. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 26, 1931, that I last saw him alive on Jan 25, 1931 and that death occurred, on the date stated above, at 5 P.M. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Retention of Urine (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

1/26 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chase Md	1/28/1931
20 UNDERTAKER	ADDRESS
Mrs. George H. Holland	1631½ Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

241843

E 64666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114-002

E 64666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 16-22 WARD)

2-FULL NAME William Bivins

(a) RESIDENCE No. 1442 Presstman St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Rosie

6 DATE OF BIRTH (month, day, and year) June-12-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	43	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Henry Bivins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records - (Address)

15 Filed ....., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1930, to Jan 26, 1931, that I last saw him alive on Jan. 26, 1931, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Abcess of Lung —

(duration) — yrs. 11 mos — ds.

CONTRIBUTORY (Secondary) Myocardial failure

terminal (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Onset at home

Did an operation precede death? yes Date of Oct 1-17-31

Was there an autopsy? yes — Drainage of Lung

What test confirmed diagnosis? X-ray + operation

(Signed) Conrad Acton M.D.

, 19 (Address) Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National

DATE OF BURIAL 1/30/1931

20 UNDERTAKER Geo. H. Hollan

ADDRESS 1631 Druid Hill Ave

JOHNS HOPKINS HOSPITAL
C. HAMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

24B 8487 64667

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 64667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Mosby

(a) RESIDENCE No. 1208 Morton ST., ... WARD Cockeysville Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 32 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Speed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) ~~Joseph H. Jones, M. D.~~

15 Filed 1/27 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Jan 24, 1931, that I last saw her alive on Jan 24, 1931, and that death occurred, on the date stated above, at ..... p. m.

The CAUSE OF DEATH* was as follows:

Uremia caused by obstruction of ureters with bilateral hydroureter and hydronephrosis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Cervix (Uterus)

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan. 11, 1931

Was there an autopsy?

What test confirmed diagnosis? Blood Chemistry Pathology

(Signed) H. S. Everett, M. D.

1/25/1931 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lough Chapel Cockeysville Md — DATE OF BURIAL 1/27/1931

20 UNDERTAKER: Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

E 64668

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64668

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 W. Read St. 11-74 WARD)

2-FULL NAME Oscar May

(a) RESIDENCE No. 228 W. Read ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE: 36 | Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

PARENTS

10 NAME OF FATHER: Wm. Perry May

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bernie Jenny
(Address) 228 W. Read St

15 Filed 7 1931, 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 21, 1931, to Jany 26, 1931, that I last saw him alive on Jany 25, 1931, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettibone, M. D.

, 19 (Address) 812 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1-27 1931

20 UNDERTAKER: Dennis Curtis

ADDRESS 516 Pennsylvania

Spec.—1-30—M. & T.—250 Bks.

Gorings

E 64669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64669

CERTIFICATE OF DEATH.

REGISTERED NO. 114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Wilson St., 14-20 WARD)

2-FULL NAME Chas. Ed. Gorings

(a) RESIDENCE No. 509 Wilson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Color

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3, 1931

7 AGE Years ..... Months 4 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Corporal Boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa E. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. E. Gorings
(Address) 509 Wilson St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/31

17 I HEREBY CERTIFY, That I attended deceased from 1/17 31, to 1/25, 1931, that I last saw alive on 1/25, 1931, at 10 P. m. and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gastro - enteritis

(duration) yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Surgical Shock (duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Cole, M. D.

..... 19 ..... (Address) 527 Wed Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-27 1931

ADDRESS 516 Pa ave

20 UNDERTAKER Frank Carter

JAN 27 1931 BUREAU OF VITAL STATISTICS

Spec.—1-30—M. & T.—250 Bks

E 64670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64670

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST. 160 WARD

2-FULL NAME Charles Fowler

(a) RESIDENCE NO. 1121 Whatcoat ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Reynolds (Address)

15 Filed 1-27 1931 HANCSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan. 26, 1931, that I last saw him alive on Jan. 26, 1931, and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

1/26, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-27 1931

20 UNDERTAKER Dennis Eaton

ADDRESS 916 Pa ave

Spec.—1-30—M. & T.—250 Bks

E 64671

HEALTH DEPARTMENT—CITY OF BALTIMORE

35 — E 64671

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. # 712 Carroll ST. 21-29 WARD)

2-FULL NAME Ethel M. Dixon

(a) RESIDENCE NO. # 712 Carroll ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph C. Dixon

6 DATE OF BIRTH (month, day, and year) Apr 28, 1896.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Sheckells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Gorrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mr Joseph C. Dixon
(Address) # 712 Carroll St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 / 25 / 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jany 15, 1931, to Jany 25, 1931, that I last saw h. alive on Jany 25, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Tubal infection or Chronic pus tube (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute arthritis Heart Endo Carditis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J Wade Stevens M. D.

Jany 6, 1931 (Address) 1228 Reed Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1 / 28 1931.

20 UNDERTAKER John F. Cowen & Son

ADDRESS 901 Holland St.

HAMPSON JONES, M. D.

N 27 1931

1-30—M. & T.—100 B—50L

E 64672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64672

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ..... WARD) 3-4 107

2-FULL NAME Charles L. Harris

(a) RESIDENCE NO 129 S. Caroline ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4/1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	2	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Charley Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Haston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Charley Harris
(Address) 129 S. Caroline St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Crim, M. D. Coroner

Jan. 26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Edward Bryan

ADDRESS 1681 orleans st

27 1931 HAMPSON JONES, M. D.

Spec.—8-16-29—L. F. S.—100 Bks.

E 64673

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 64673

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Eden ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eunice L. Brown

(a) RESIDENCE NO. 723 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6 DATE OF BIRTH (month, day, and year) 1891 [redacted]

7 AGE [redacted] Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown.

9 BIRTHPLACE (city or town) (State or country) Clanzer V.A.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) V.A.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V.A.

14 Informant Bertha Durham.

(Address) 1612 Miller st.

15 Filed ..., 19 ... Registrar

JAN 27 1931 CLAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 19.. to Jan 26, 1931, that I last saw h[illegible] alive on Jan 25 30, 1931 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1-26, 1931 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Edward Bryan

ADDRESS 07 1C 81 orleans st

Spec.—1-30—M. & T.—250 Bks.

E 64674 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64674

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md ST. 69 WARD) 131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Griffin

(a) RESIDENCE No. 1120 N. Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Separated

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
48	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Balto City Hospitals
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-31

17 I HEREBY CERTIFY, That I attended deceased from 11-21-, 1930, to 1-22-, 1931, that I last saw ~~alive~~ live on 1-22-, 1931, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Parenchymatous)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis Cerebral Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos. McKewen M. D.

1/23 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn cemetery

DATE OF BURIAL Jan 28, 1931

ADDRESS 1631 Orleans St

20 UNDERTAKER Edward Bryan

Spec.—8-16-29—L. F. S.—100 Bks.

E 64675

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64675

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Wilson St. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna V. Hall

(a) RESIDENCE NO. 539 Wilson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hall

6 DATE OF BIRTH (month, day, and year): Jan 4, 1856

7 AGE: Years 75 Months 0 Days 21 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper & Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

(c) Name of employer: Caroline Booker

9 BIRTHPLACE (city or town) (State or country): Frederick Co Md

PARENTS

10 NAME OF FATHER: Thomas Rowlings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER: Caroline Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md

14 Informant: Caroline Booker
(Address) 539 Wilson St

15 Filed JAN 27 1931 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1930, to Jan. 25, 1931, that I last saw her alive on January 24, 1931 and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Failure in Cerebral Compensation) (duration) 6 yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary) Arteio-Sclerosis & Nephritis (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Clinical

(Signed) Wm. N. Wright, M. D.

1/25, 1931 (Address) 1209 Preston Ave St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 1/28 1931

20 UNDERTAKER: Chas G. Bailey

ADDRESS: 1421 Jefferson St

1-30—M. & T.—100 B—50L

E 64676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64676

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Parkwyth Ave St., 47 WARD)

2-FULL NAME John W. Baker

(a) RESIDENCE No. 617 Parkwyth Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Baker

6 DATE OF BIRTH (month, day, and year) June 25, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) do.
(c) Name of employer Md. Meter Works

9 BIRTHPLACE (city or town) Mt. Airy
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas D. Baker

11 BIRTHPLACE OF FATHER (city or town) Mt. Airy
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth E. Hood

13 BIRTHPLACE OF MOTHER (city or town) Mt. Airy
(State or country) Md.

14 Informant Mrs. Mary L. Baker
(Address) 617 Parkwyth Ave.

15 Filed ..... 192 ..... Registrar

FEB 27 1931 C. HAMPTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Watts, M. D.
Coroner

19 (Address) 508 E. North Ave

Jan 27/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. — DATE OF BURIAL Jan 27, 1931

20 UNDERTAKER Wm. J. Tickner & Sons — ADDRESS N. Pa. Ave.

E 64677

E 64677 Sp Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2744 Guilford Ave. 17 WARD)

2. FULL NAME Andrew Schlegel

(a) RESIDENCE NO. 2744 Guilford Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? 81 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Schlegel

6 DATE OF BIRTH (month, day, and year) Nov 13, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Master Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 054

(c) Name of employer 15 yrs.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Schlegel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Saxony

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Harry C. Schlegel
(Address) 3205 Beverly Rd

15 Filed JAN 27 1931, 19 C. HAMPSON JONES M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1931, to Jan 24, 1931 that I last saw h— alive on Jan 24, 1931 and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
due to Cerebral
arteriosclerosis
(duration) — yrs. — mos. 1/2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jefferson Beck M. D.

1/26 1931 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 27 1931

20 UNDERTAKER Wm J Tickner & Son ADDRESS North & Pa

Spec.—9-30—A. & Co.—250 Bks.

E 64678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64678

CERTIFICATE OF DEATH.

8-17 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Washington St. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sophia A. Neumann

(a) RESIDENCE NO. 1733 N. Washington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Conrad O. Neumann

6 DATE OF BIRTH (month, day, and year) Mch. 3-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Conrad O. Neumann
(Address) 1733 N. Washington St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25-1931

17 I HEREBY CERTIFY, That I attended deceased from 1/20, 1931, to 1/25, 1931 that I last saw her alive on 1/25, 1931 and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Treatment

(Signed) J. Lee Tyagner M. D.

2/6 1931 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan. 27 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

Cor.—10-10-29—A Co.—100 Bks.

E 64679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 001 E 64679

94-33

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital Ward)

2-FULL NAME Howard F. Butler.

(a) RESIDENCE NO. 1143 Riverside Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~WIFE of XXXXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Katie Butler.

6 DATE OF BIRTH (month, day, and year) May 21, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Butler.

11 BIRTHPLACE OF FATHER (city or town) Virginia.
(State or country)

12 MAIDEN NAME OF MOTHER Fenton Wheeler.

13 BIRTHPLACE OF MOTHER (city or town) Virginia.
(State or country)

14 Informant Katie Butler. (wife)
(Address) 1148 Riverside Ave.

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

N 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 915 Key Highway. 1/24/31

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Steinhardt, M. D.

1/26/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Jan 28 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 64680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64680

CERTIFICATE OF DEATH.

REGISTERED NO. 119 73-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1726 Marshall ST. 73 WARD)

2-FULL NAME Ellen L. Smith

(a) RESIDENCE NO. 1726 Marshall St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 - 1930.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William G. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary A. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant William J. Smith
(Address) 1726 Marshall St.

15 Filed JAN 27 1931 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25--31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1931, to Jan. 25, 1931, that I last saw HER alive on Jan. 25, 1931, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Ilio Colitis

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. E. L. Campbell M.D.

1/26 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery. DATE OF BURIAL 1-27 1931

20 UNDERTAKER Margaret J. Flynn ADDRESS 1422 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

E 64681

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64681

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 Williams ST. 24-36 WARD)

2-FULL NAME Anna G. Zepp

(a) RESIDENCE NO. 548 Williams ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Zepp

6 DATE OF BIRTH (month, day, and year): May 13 1856

7 AGE: Years 74 Months 8 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Nicholas Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Matilda Egg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Sadie Zepp
(Address) 548 Williams St.

15 Filed JAN 27 1931 19 ..... H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1930 to Jan 25 1931 that I last saw her alive on Jan 23 1931 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Myocarditis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hartman M. D.

1/26 1931 (Address) 6 Kendall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 28 1931

20 UNDERTAKER: Morgan & Flynn — ADDRESS: 1411 Light St.

FROM the very important instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 64682 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64682

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N Fulton Ave STREET 16-27 WARD)

REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Randolph J. Teawalt

(a) RESIDENCE No. 633 N. Fulton Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~
HUSBAND of ~~or WIFE of~~ Sophia C. Teawalt

6 DATE OF BIRTH (month, day, and year) February 25 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John H Teawalt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaretha Patts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Howard T Teawalt
(Address) 4905 Crowson Ave

15 Filed ....., 19.... Registrar

C. HAMPSON JONES, M.D.
JAN 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1931

17 I HEREBY CERTIFY, That I attended deceased from ....., 1923, to Jan 25, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 1:50 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Mitral Valve Disease
(duration) 10 yrs. — mos ds.

CONTRIBUTORY (Secondary) ..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Professional

(Signed) Wm G. Dowell, M. D.

1/26, 1931 (Address) 3523 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan 27 1931

20 UNDERTAKER Henry W Jenkins Sons Co

ADDRESS Cleveland Ave & Caton Ave

Spec.—1-30—M. & T.—250 Bks.

2404447 E 64683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-003

E 64683

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-11 WARD)

2-FULL NAME Emma O'Rourke

(a) RESIDENCE No. 139 N. Kenwood ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of George

6 DATE OF BIRTH (month, day, and year) Dec 12 - 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	59	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N.W 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Conrad Baettger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz Knustleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records
(Address) .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 25 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 25, 1931, that I last saw her alive on Jan 25, 1931, and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Jan 14/31

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) Harold Temperleyan M. D.

Jan 25 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy

DATE OF BURIAL Jan 28 1931

20 UNDERTAKER Jos Goesdens Sons

ADDRESS 2173 Pen

HAMPSTEAD, N. H.

27 1932

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64684

131 E 64684

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 W Mulberry St. 18-26 WARD)

2-FULL NAME Annie F. Spence

(a) RESIDENCE NO. 1125 W Mulberry St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John E. Spence

6 DATE OF BIRTH (month, day, and year) Sept 13, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —— 037

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Ross

11 BIRTHPLACE OF FATHER (city or town) Carlbridge (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Chew

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant John E. Spence (Address) 1125 W Mulberry St

15 Filed N 27 1931 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jany 24, 1931, that I last saw her alive on Jany 24, 1931, and that death occurred, on the date stated above, at 4.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease & Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What ~~test confirmed diagnosis~~ Regular

(Signed) A. Proville M.D.

Jan. 27, 1931 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan. 27, 1931
20 UNDERTAKER	ADDRESS 322 N. Schroeder St.
Mrs. Katie R. Williams	

Spec.—1-30—M. & T.—250 Bks.

E 64685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64685

CERTIFICATE OF DEATH.

11-2 107-001

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Cathedral ST., 11 WARD)

2-FULL NAME Elizabeth H. Corey

(a) RESIDENCE No. 610 Cathedral ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 18 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Robert J. Corey

6 DATE OF BIRTH (month, day, and year) Oct 24 1842.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88.	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Marietta (State or country) Ohio

PARENTS

10 NAME OF FATHER Charles F. Hendrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Josephine Beard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Fanny Corey Jordan (Address) 610 Cathedral St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-25-1931

17 I HEREBY CERTIFY, That I attended deceased from November 15, 1929, to January-25, 1931, that I last saw her alive on January 25, 1931, and that death occurred, on the date stated above, at 10:00 P. m.

The CAUSE OF DEATH* was as follows: Senility

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia bilateral (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? ..... Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Charles [illegible], M. D.

1/25, 1931 (Address) Lt. Col. Med. Corps. Hdqrs 3rd C.A.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Bellevue - Med.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aspen Grove Cem. Burlington Iowa.

DATE OF BURIAL 1/28/ 1931

UNDERTAKER Horace K. Burgee

ADDRESS 3031 Falls Road

HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64686

CERTIFICATE OF DEATH.

131 E 64686

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 13-52 ST. ..... WARD)

2-FULL NAME Ethel M Loveless

(a) RESIDENCE NO. 3512 Hickory Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 8th 1912

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	11	14 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Allen B Loveless

11 BIRTHPLACE OF FATHER (city or town) Laurel
(State or country) Md.

12 MAIDEN NAME OF MOTHER Isabella Ethel Alexander

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Hospital Record.
(Address)

15 Filed JAN 27 1931 19 H. M. FOOT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1931, to Jan. 25, 1931, that I last saw her alive on Jan 25, 1931, and that death occurred, on the date stated above, at 6 15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Over 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Richard Francis, M. D.

1/30, 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 1/28/ 1931

20 UNDERTAKER Pierce & Burgess

ADDRESS 3631 Frankl Rd.

Spec.—8-16-29—L. F. S.—100 Bks.

E 64687

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 64687

CERTIFICATE OF DEATH

REGISTERED NO. 13-59

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 Eutaw Place ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irving L. Baxter

(a) RESIDENCE NO. 2452 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Libbie E. Baxter

6 DATE OF BIRTH (month, day, and year) Dec 16 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dairyman & Banker

(b) General nature of industry, business, or establishment in which employed (or employer) Milk Distributing

(c) Name of employer Western Maryland Dairy

9 BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Lewis Baxter

11 BIRTHPLACE OF FATHER (city or town) Carroll Co
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Crabbetter

13 BIRTHPLACE OF MOTHER (city or town) Carroll
(State or country) Co. Maryland

14 Informant Mrs Libbie E Baxter
(Address) 2452 Eutaw Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1928, to Jan 24, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 6 mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph Stroyt, M. D.

, 19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Jan 27 1931

20 UNDERTAKER: W M Routson

ADDRESS: 2238 N Mt

Spec.—1-12-23—M&T—500 Bks.

E 64688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64688

92-001

CERTIFICATE OF DEATH.

90-27

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W. Franklin St. ST. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith A. Snyder

(a) RESIDENCE NO. 1906 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5th. 1874

7 AGE: Years 57 Months 7 Days 20 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Homework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Buschman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Albert G. Snyder
(Address) 1906 W. Franklin St.

15 Filed ..... 1931 ..... 19 .....

C. HANSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25th. 31

17 I HEREBY CERTIFY, That I attended deceased from January 8th, 19 31, to January 25, 19 31, that I last saw her alive on January 25, 19 31, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 1Yr. ?

Chronic Endocarditis

(duration) 1 yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Edg. V. Kerzlebum M. D.

1/26, 1931 (Address) 24 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 28 1931

20 UNDERTAKER: W M Routson

ADDRESS: 2238 W Mt

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64689

CERTIFICATE OF DEATH

97-001 E 64689

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 914 W. Franklin ST.) 18-26 WARD)

2—FULL NAME Isabella Anderson

(a) RESIDENCE NO. 914 W Franklin ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Anderson

6 DATE OF BIRTH (month, day, and year): 1886 Unknown

7 AGE: Years 44 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Howard Ct. Md.

PARENTS

10 NAME OF FATHER: Geo. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Ct. Md.

12 MAIDEN NAME OF MOTHER: Louisa Gaither

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Ct Md

14 Informant: Son

(Address): 914 W Franklin

15 Filed 27 1931, 19 ..... HAMILTON JOHNS

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Jan 27, 1931, that I last saw her alive on Jan 26, 1931 and that death occurred, on the date stated above, at 4:25 p.m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Complete Exam.

(Signed) Geo. W. McDonald, M. D.

, 19 (Address) 900 W Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dayton Md

DATE OF BURIAL: Jan 27 1931

20 UNDERTAKER: Thomas E. Wright

ADDRESS: 700 W Camden Ave

Form—12-23-21—E.B.R.S.—400 Eks.

E 64690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 131 ✓ E 64690

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2731 Kildaire Drive St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert F Connally

(a) Residence No. 2731 Kildaire Drive St., ... Ward ..... Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie C Connally

6-DATE OF BIRTH (month, day and year) May 9, 1866

7-AGE. 64 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired tobacco 645

(b) General nature of industry, business, or establishment in which employed (or employer) merchant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Charlotte Co Va

PARENTS

10-NAME OF FATHER, George Warner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Halifax Co Va

12-MAIDEN NAME OF MOTHER, Helen Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Campbell Co Va

14- (Informant) Robert F Connally

(Address) 2731 Kildaire Drive

15- Filed JAN 27 1931, 19.. HARRY JONES Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 27-31

17- I HEREBY CERTIFY, That I attended deceased from September 21, 19 21 to Jan 27, 19 31 that I last saw him alive on Jan 27, 19 31 and that death occurred, on the date stated above, at 8 A.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Oehrle M. D.

(Address) 2933 14 So Broad

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Crookneal Va — DATE OF BURIAL, Jan 29, 1931

20-UNDERTAKER, Harry N Armacost & Son — ADDRESS, 4204 Ridgewood Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64691 82-001 E 64691

REGISTERED NO. .....

1—PLACE OF DEATH Aged Men's Home

CITY OF BALTIMORE: (No. 1400 W Lexington ST., 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph B Collier

(a) RESIDENCE NO. 1400 W Lexington ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 81; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James O Collier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary E Forestal Supt.

(Address) 1400 W Lexington

15 Filed ..... 19 ..... C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan. 26, 1931, that I last saw him alive on Jan. 22, 1931, and that death occurred, on the date stated above, at 8.05 A.M.

The CAUSE OF DEATH* was as follows:

B Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? N.E.

(Signed) Edwin D Jarrett, M. D.

, 19 (Address) 1115 St. Paul St. City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan 28 1931

ADDRESS 1532 Hollins

20 UNDERTAKER George J Smith

Spec.—1-30—M. & T.—250 Bks.

E 64692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

T 167-001 ✓

E 64692

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital St. 17-49 WARD)

2-FULL NAME Ralph Clement Guercio

(a) RESIDENCE NO. — ~~Bolt~~ Relay, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1930

7 AGE: Years 0 | Months 0 | Days 38 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Salvatore Guercio

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Gertrude Harris

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Hospital Records.
(Address)

15 Filed 2-7-1931 19 H. McC. JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 27, 1931, that I last saw him alive on Jan. 27, 1931, and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Jose S. Fiber, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Augustine Elkridge

DATE OF BURIAL 1/29 1931

20 UNDERTAKER John J. Cowan

ADDRESS 901 Hollins St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64693 82-00 E 64693

CERTIFICATE OF DEATH.

E 64693

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 612 Mosher St. 14-20 WARD

2-FULL NAME Louis Watkins

(a) RESIDENCE No. 612 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE: 48. Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Essex Co. Va.

PARENTS

10 NAME OF FATHER: Louis Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary L. Bradows

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Ethel Watkins
(Address): 612 Mosher Street

15 Filed: 27 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 24, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) one yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. E. Cassell, M. D.

, 19 (Address) 1633 Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: 1/27 1931

20 UNDERTAKER: Walter B. Springer

ADDRESS: 139 W. Hanby St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

64694

CERTIFICATE OF DEATH.

23 E 64694

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 E Lanvale St. 3-4 WARD)

2-FULL NAME Anna M Jones

(a) RESIDENCE No. 1604 E Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word). Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Jones

6 DATE OF BIRTH (month, day, and year) June 23, 1896

7 AGE 34 Years 33 Months 7 Days 1 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jeremiah M. Downey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Harry Jones.
(Address) 1604 E. Lanvale St.

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Jan 24, 1931, that I last saw h. in alive on Jan 20, 1931, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculous Pneumonia

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. Jones, M. D.

1/27 1931 (Address) 38 Cambria St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Jan 27, 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 64695

CERTIFICATE OF DEATH.

E 64695

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 714 Berry St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice R. Burgess

(a) RESIDENCE NO. 714 Berry St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 4/1889

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	41	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Window Washer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) md

(State or country)

PARENTS

10 NAME OF FATHER John Burgess

11 BIRTHPLACE OF FATHER (city or town) md

(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Shapiro

13 BIRTHPLACE OF MOTHER (city or town) md

(State or country)

14 Informant Walter L. Burgess

(Address) 3735 Elm Ave

15 Filed 1931 H. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Harry Thomsen, M. D. (Coroner)

1/27, 1931 (Address) 1612 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — Date of Burial: Jan 30 1931

20 UNDERTAKER: Chandwell & Son — ADDRESS: 2405 Chestnut

very important. See instructions on back of certificate. PLACE STATEMENT OF OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

E 64696

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64696

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Hillman St ST. 10-14 WARD)

2—FULL NAME Larkin C. Buston

(a) RESIDENCE NO. 1023 Hillman St ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Buston

6 DATE OF BIRTH (month, day, and year) Sept 15 1900

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
30	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) md
(State or country)

PARENTS

10 NAME OF FATHER Thomas F. Buston

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Laura Gusine

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Thomas F. Buston
(Address) 1023 Hillman St.

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

M 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/31

17 I HEREBY CERTIFY, That I attended deceased from 1/5, 1931, to 1-26, 1931, that I last saw h alive on 1-25, 1931 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. Bernard Cross M. D.

1/26, 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Balto Co.

DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Chenowith & Son

ADDRESS 3015 Chestnut

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64697

E 64697

CERTIFICATE OF DEATH.

REGISTERED NO. 13457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital ST. WARD)

2-FULL NAME Margaret Bishop

(a) RESIDENCE No. 4022 Falls Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Bishop.

6 DATE OF BIRTH (month, day, and year) Oct 27, 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
48	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant John F. Bishop.
(Address) 4022 Falls Road

15 Filed , 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 1931, to 1-26, 1931, that I last saw he alive on 1-26, 1931, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4022 Falls Road

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? stethoscope

(Signed) A. J. Conway, M. D.

, 19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn.

DATE OF BURIAL Jan 28 1931

20 UNDERTAKER Chenowetho Son

ADDRESS 2615 Eutaw

Spec.—1-30—M. & T.—250 Bks.

BARBARA. BAUERFIEND.

E 64698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64698

45-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Lakewood & Gilmor ST., 10 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Bauerfiend

(a) RESIDENCE NO. 133 N. Rose ST., 6 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John M. Bauerfiend

6 DATE OF BIRTH (month, day, and year) Feb. 2nd 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58 59	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 637

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Stork

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John M. Bauerfiend (Husband)

(Address) 133 N. Rose St.

15 Filed 1931 HAROLD JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 25. 31

17 I HEREBY CERTIFY, That I attended deceased from 11. 22. 30, 19..., to 1. 25. 31, 19...

that I last saw h alive on 1. 25. 31, 19...

and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Cancer Tongue with advanced metastasis

(duration) ...yrs. 3 mos ...ds.

CONTRIBUTORY (Secondary) Jaundice

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Clinical Can

(Signed) N B Kunkel, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan. 28 1931

20 UNDERTAKER Lilly & Zeller Inc.

ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks.

✓ E 64699

E 64699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 1-2 WARD)

2. FULL NAME Josephine Lenahan

(a) RESIDENCE NO. 2929 E. Baltimore ST. 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 12, 12

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11 10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Matron

(b) General nature of industry, business, or establishment in which employed (or employer) Police Left.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Lenahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary E. Lenahan.
(Address) Same address.

15 Filed JAN 27 1931, 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 26 1931

17 I HEREBY CERTIFY, That I attended deceased from 11/6, 1930, to 1/26, 1931 that I last saw her alive on 1/26, 1931 and that death occurred, on the date stated above, at 3:15 P. M.

The CAUSE OF DEATH* was as follows:
Pernicious anemia with trophic ulcers & spinal cord changes
(duration) ? yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Trophic changes
(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood picture & spinal

(Signed) C. W. Cassidy M. D.

1/26 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan. 29 1931

20 UNDERTAKER Lilly & Zeiler Inc — ADDRESS 403 S. Wolfe

Spec.—1-30—M. & T.—250 Bks

E 64700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64700

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3217 Kenyon Ave ST. No 40 WARD)

2-FULL NAME Mary Coulter

(a) RESIDENCE NO. 3217 Kenyon Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Coulter

6 DATE OF BIRTH (month, day, and year) Nov 13/1885

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Corbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Walz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Edgar Coulter
(Address) 3217 Kenyon Ave

15 Filed JAN 27 1931 19 PK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928 to Jan 25 1931, that I last saw him alive on Jan 25 1931 and that death occurred, on the date stated above, at 12 15 noon m.

The CAUSE OF DEATH* was as follows:
Cardiovascular Disease
Chronic Nephritis

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Lewis Hearne M. D.

1/26 1931 (Address) Louis A. Berg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk

DATE OF BURIAL Jan 28 1931

20 UNDERTAKER Philips Herwig

ADDRESS 2016 Orleans St.

Spec.—9-30—A. & Co.—250 Bks.

E 64701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64701

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... St. 13 ..... WARD)

2. FULL NAME Harry Esterline

(a) RESIDENCE NO. 2118 Cambridge st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Esterline

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipefitter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Esterline

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Painter

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) England

14 Informant Hospital Records
(Address)

15 Filed 1-27 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 19 30, to Jan. 25, 19 31 that I last saw him alive on Jan. 25, 19 31 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Feuner M. D.

1-25 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS JAN 27 1931

Per. Wm. E. Wood

Spec.—9-30—A. & Co.—250 Bks.

E 64702 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64702

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 23

CITY OF BALTIMORE: (No. ..... St. 18-29 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James Ervin Lett

(a) RESIDENCE NO. 117 N. Amity st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Richmond
(State or country) Kentucky

PARENTS

10 NAME OF FATHER Tobias Lett

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Ida ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1930, to Jan. 25, 1931

that I last saw him alive on Jan. 25, 1931

and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

1-25 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

JAN 27 1931 7

FOR WM. H. WOOLL

Form of certificate. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64703

E 64703

82-001

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 41-25 St. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Cleton

(a) RESIDENCE NO. 1202 McCulloh ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from 1-24-31, 19..., to 1-25-31, 19... that I last saw him alive on 1-25-31, 19... and that death occurred, on the date stated above, at 3:35 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

1-26 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health — ADDRESS

JAN 27 1931

C. HAMPSON JONES, M. D.

Per Wm. E. WOODALL

Check or certificates. See instructions on back of certificate. Be sure to fill in every important item.

Spec.—9-30—A. & Co.—250 Bks.

E 64704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64704

93-023

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST 3-4 WARD)

2. FULL NAME Paul Bordis

(a) RESIDENCE NO. 22? S. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Borids

6 DATE OF BIRTH (month, day, and year) Oct. 20. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Furniture polisher
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Powell Brodis
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Henrietta Klean
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Rec'd JAN 27 1931, 19 C. HAMPSON JONES, M. D. Registrar
3107 Sec. nPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-31, 19..., to 1-25-31, 19..., that I last saw him alive on 1-25-31, 19..., and that death occurred, on the date stated above, at 8:25 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

1-26 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS JAN 27 1931

Per. Wm. E. WOODS

FROM is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64705

CERTIFICATE OF DEATH

E 64705

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 Moore ST. ..... WARD) 11-24-75

2-FULL NAME Benj Jones.

(a) RESIDENCE No ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 55				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work janitor
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant N. W. Police Record
(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

..... (duration) few hours mos

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

Jan 1 ..... 19 ..... (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificate.

7 1931 HILDSON JONES M. D. Commissioner Health. JAN 27 1931

THE MORGUE.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64706

108 E 64706

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1837 Penna Ave. Ward) 70

2-FULL NAME Laura V. Brooks

(a) RESIDENCE NO. 1837 Penna Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Wh

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 - 1931

7 AGE: Years ..... Months ..... Days 20 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Congress Brooks

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Beal

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Rosie Brooks
(Address) 1837 Penna Ave

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? If not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus

(Signed) [illegible] M. D.

Jan 26 (Address) Bromo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS JAN 27 1931

For Wm. E. Woodall

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE.

1-30—M. & T.—100 B—50L

E 64707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64707

CERTIFICATE OF DEATH

X 107 001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4 30 WARD)

2-FULL NAME Dorothy Hamilton

(a) RESIDENCE No. Cockeysville, Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 1930

7 AGE: Years ..... Months 4 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: D. Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Record

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Gelbert, M. D. Coroner

1/27, 1931 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: NS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

JAN 27 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

JAN 27 1931 C. HAMPSON JONES, M. D.

THE ... SUN.

Pat. Wm. E. WOODALL

1-30—M. & T.—100 B—50L

E 64708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64708

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 24-33 WARD)

2-FULL NAME Edward Russell

(a) RESIDENCE No. 638 Hall ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1929

7 AGE: Years 1 | Months 6 | Days ..... | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edward Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: University Hospital
(Address)

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Eugene Zeller, M. D. Coroner

1/27, 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health

ADDRESS: JAN 27 193

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important

C. HAMPSON JONES, M. D.

THE MORGUE

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64709

E 64709

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-30 WARD)

2-FULL NAME Unknown

(a) RESIDENCE NO Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED — 000
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant .....
(Address) .....

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Zeller, Coroner, M. D.

1/27, 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: C. HAMPSON JONES, M. D.

ADDRESS

JAN 27 1931 Commissioner Health

THE MORGUE

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important

Spec.—1-30—M. & T.—250 Bks.

E 64710 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64710

CERTIFICATE OF DEATH. T 46-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Huron Memorial Hospital ST. WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L Wade

(a) RESIDENCE NO. Frostburg, Md ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 15, 1865

7 AGE: Years 65 Months 9 Days 12 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Gilman Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucy Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Union Memorial Hospital Records (Address) Etc

15 Filed 27 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 27, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 2 mos ____ ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan 26, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Samuel McLanahan, M. D.

Jan 27, 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frostburg Md

DATE OF BURIAL 1/27 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 Druid Pk

Spec.—1-30—M. & T.—250 Bks.

E 64711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64711

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W Lanvale ST., 17-24 WARD

2-FULL NAME Rosie Worden

(a) RESIDENCE NO. 616 W Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Worden

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE 59 Years 18 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Brown
(Address) 616 Lanvale

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/30

17 I HEREBY CERTIFY, That I attended deceased from 1/27/31, 19..., to 1/27/31, 19..., that I last saw alive on 1/27/31, 19..., and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Jaundice

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) H. Lee Mitchell, M. D.

19 (Address) 32 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1/28 1931

20 UNDERTAKER Thomas C Nelson

ADDRESS 303 Gittings

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-64712

108 E 64712

CERTIFICATE OF DEATH

1—PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 27-57

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Bessie M. Tozer

(a) RESIDENCE NO. 3119 Belvedere Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, ~~Widowed,~~ or Divorced. (write the word) Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert L. Tozer

6 DATE OF BIRTH (month, day, and year) Oct 7 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elias W. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Wingate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Albert L. Tozer
(Address) 3119 Belvedere Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 27, 1931, that I last saw h er alive on Jan 29, 1931, and that death occurred, on the date stated above, at 1:05 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Toxic Jaundice

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Ashman, M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Bertram D. Cole ADDRESS 1723 Lafayette Ave

FEB 27 1931 C. HARRISON, Jr., M. D.

1-30—M. & T.—100 B—50L

E 64713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64713

CERTIFICATE OF DEATH

85

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 E. Oliver ST. 8-17 WARD)

2-FULL NAME Alice Rock

(a) RESIDENCE NO 1744 E. Oliver ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 25/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Michael Rock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Catherine Kilduff
(Address) 1744 E. Oliver St

15 Filed ..... 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) History of Epilepsy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], Coroner, M. D.

Jan. 26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan. 28 1931

20 UNDERTAKER Margaret S. Flynn — ADDRESS 1477 Light St

Spec.—9-30—A. & Co.—250 Bks

E 64714 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64714

CERTIFICATE OF DEATH. .131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 719 S. Ellwood Ave. ST 11 WARD)

2 FULL NAME DRUCILLA J. SOMERS

(a) RESIDENCE NO. 719 S. Ellwood Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Somers

6 DATE OF BIRTH (month, day, and year) Nov. 8. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	2	17	16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sommerset County Md.

PARENTS

10 NAME OF FATHER Benjamin Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Townsend

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Andric Mitchell (Daughter)
(Address) 719 S. Ellwood Ave.

15 Filed ..... 19 ..... HAMPSON JONES, M. D., Registrar

RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1930, to Jan. 24, 1931

that I last saw h[illegible] alive on Jan. 24, 1931

and that death occurred, on the date stated above, at 2.00 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Joseph Toohey M. D.

..... 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Jan. 28, 1931

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS BALTIMORE ST & BROADWAY.

Spec.—9-30—A. & Co.—250 Bks.

E 64715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64715

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Streeper St. ST.) (WARD 11)

2. FULL NAME Jerome Challmes

(a) RESIDENCE NO. 116 N. Streeper St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph F. Challmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Espey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr. Joseph F. Challmes
(Address) 116 N. Streeper St.

15 Filed ..... 19 ..... Registrar

2 7 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-31

17 I HEREBY CERTIFY, That I attended deceased from 1-26-31, 19..., to 1-26-31, 19...

that I last saw him alive on 1-26-31, 19...

and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hullwins M. D.

1-27, 19 31 (Address) 2214 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patrick Cemty. DATE OF BURIAL 1/28, 1931

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

Spec.—1-30—M. & T.—250 Bks.

E 64716

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64716

94-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ Hosp.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ ST. 6-10 WARD)

2-FULL NAME Lawrence Ford

(a) RESIDENCE No. 20 N Calhoun ST., Ave WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or WIFE of

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 41 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Retired work~~ do

(b) General nature of industry, business, or establishment in which employed (or employer): Fireman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va

PARENTS

10 NAME OF FATHER: James Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): W Va

12 MAIDEN NAME OF MOTHER: Ella Helm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va

14 Informant: Howard Ford
(Address): West Va

15 Filed 2 7 1931, 19 _____ HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Jan. 25, 1931, that I last saw him alive on Jan. 25, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Milton B. Kirsh, M. D.

19 (Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. & K Junction W. Va | DATE OF BURIAL: Jan 27 31

20 UNDERTAKER: John C. Miller | ADDRESS: 2435 E Oliver

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64717

107-001 ✓ E 64717

CERTIFICATE OF DEATH

REGISTERED NO. 1960

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Liberty Heights Ave ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Victor C Strasburger

(a) RESIDENCE NO. 2603 Liberty Heights Ave ST.,

(Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Strasburger

6 DATE OF BIRTH (month, day, and year) Feb 11 1841

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
89	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) CUS

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Strasburger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Spachmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant M. Strasburger

(Address) 2603 Liberty Heights Ave

15 Filed 2 7 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 17, 1931 to Jany 27 1931 that I last saw him alive on Jany 27 1931 and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Prostatic fibroid (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J Walter Thomas M. D.

(Address) 1228 Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cemetery Hebrew Friendship	Jan 29 1931

20 UNDERTAKER J. Ahearn & Co ADDRESS 243 Aisquith St

Cor.—10-10-29—A Co.—100 Bks.

E 64718

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 ✓ E 64718

CERTIFICATE OF DEATH

REGISTERED NO. -

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St., 1-3 Ward)

2-FULL NAME Gustave J. Kowalewski. or Krause

Correction made 3/16 31. OMR

(a) RESIDENCE NO. 810 S. Belnord Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~XXXXXXXXXX~~ HUSBAND of ~~XXXXXXXXX~~ Jessie C. Kowalewski

6 DATE OF BIRTH (month, day, and year) December 22, 1902

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
28	29	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacob Kowalewski.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland.

12 MAIDEN NAME OF MOTHER Felicia Szamborski.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland.

14 Informant Jessie C. Kowalewski. (wife)
(Address) 810 S. Belnord Ave.

15 Filed 1931 G. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, cerebral compression, fracture of the pelvis, internal injuries, Accidental from a scaffold. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2 E. Lexington St

Did an operation precede death? No. Date of January, 22, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. M. Leonhardt, M. D.

1/26/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Jan 28 1931
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1000 S. Kenwood Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-30—M. & T.—250 Bks

E 64719 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64719

CERTIFICATE OF DEATH.

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Calhoun ST. 6-22 WARD)

2-FULL NAME Eliza Ross

(a) RESIDENCE NO. 804 N. Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John W. Ross

6 DATE OF BIRTH (month, day, and year) Feb 6, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant John W. Ross
(Address) 804 Calhoun St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-25, 1931, to 1-26, 1931, that I last saw her alive on 1-26, 1931, and that death occurred, on the date stated above, at 1:45 A.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Urina~~ and physical examination

(Signed) Frank A. Saunders, M. D.

1-27-1931 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm. Cullum

DATE OF BURIAL 1/30 1931

20 UNDERTAKER Samuel W. Chase & Son

ADDRESS 638 N. Calhoun

Spec.—9-30—A. & Co.—250 Bks

E 64720

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 64720

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Heldon Ave St. 13-52 WARD

2. FULL NAME Ida. G. Gosnell.

(a) RESIDENCE No. 1102 Heldon ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John H. Gosnell.

6 DATE OF BIRTH (month, day, and year) July 4 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Emmorton Harford Co Md.

PARENTS

10 NAME OF FATHER Other Magness

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida V. Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John H. Gosnell. (Address) 1102 Heldon ave

15 Filed 2 7 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan 27, 1931 that I last saw her alive on Jan 26, 1931 and that death occurred, on the date stated above, at 4 25 A m.

The CAUSE OF DEATH* was as follows:
Cerebral and general arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

1/27, 1931 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmorton Harford Co Md. DATE OF BURIAL: 1/30, 1931

20 UNDERTAKER: Horace F. Burger ADDRESS: 3631 Falls Road

Spec.—1-30—M. & T.—250 Bks

E 64721

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64721

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 E. North ave. ST., 8-17 (WARD)

2-FULL NAME John G. Scott

(a) RESIDENCE NO. 1838 E. North, ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	4 5	27 26	

8 OCCUPATION OF DECEASED Crimnal Court
(a) Trade, profession or particular kind of work Deputy Clerk of
(b) General nature of industry, business, or establishment in which employed (or employer) off
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John G. Scott, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Eliza J. Maddox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Kate E. Harrington
(Address) 1838 E. North, ave.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to January 27, 1931, that I last saw him alive on January 26, 1931, and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:
General Arteriosclerosis
Chronic Interstitial nephritis

(duration) 1 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Uremia & Exhaustion
(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination and Autopsy

(Signed) Albert Schulking M. D.

1/27, 1931 (Address) 2025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 1/30 1931

20 UNDERTAKER Frederick A. Lombard — ADDRESS 1200 W.

Spec.—1-30—M. & T.—250 Bks.

E 64722

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 66-002 E 64722

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4-30 WARD)

2-FULL NAME Anna Bifler

(a) RESIDENCE NO. Westminster, Md. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 1875

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55 yrs.	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Samuel Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Howard A. Bifler
(Address) Westminster Md

15 Filed _____ 19 _____ Registrar

JAN 28 1931 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Jan. 28, 1931, that I last saw he alive on Jan. 27, 1931, and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis
Myocardial Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Yeager, M. D.

, 19 (Address) University Hosp., Balt., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Meadow Branch

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER H Bankard & Son

ADDRESS Westminster Md

Spec.—1-30—M. & T.—250 Bks

244648
E 64723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64723

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 16-23 WARD)

2-FULL NAME Louise Schree

(a) RESIDENCE NO. 1107 Winchester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	B.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan-20-30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	—	7	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Isaiah Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Arduine Schree

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) THE JOHNS HOPKINS HOSPITAL, HAMPTON JONES, M. D.

15 Filed JAN 28 1931, 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
Tetany

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? X ray

(Signed) Ann G. Kottner, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-28 1931

20 UNDERTAKER Leonard Carlow

ADDRESS Balt

Spec.—1-30—M. & T.—250 Bks

E 64724

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64724

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 N. Gilmor ST., 15 21 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Weems

(a) RESIDENCE No. 1640 N. Gilmor ST., 21 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry Weems

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Harry Weems
(Address) 1640 N. Gilmor St

15 Filed ....., 19 .....

JOHN T. THAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 26, 1931, that I last saw h alive on Jan 26, 1931, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(duration) yrs. mos. 1 ds.

18 Where was disease coptracted if not at place of death? No

Did an operation precede death? Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) for 2/1/01 V J Norwood, M. D.

, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-28 1931

20 UNDERTAKER Dennis Easton

ADDRESS 916 Pa ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 64725

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-001 E 64725

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1804 Maryland ave Balto Md

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1804 Maryland ST., 14th WARD)

2—FULL NAME Marie Morgan

(a) RESIDENCE NO. 1804 Maryland ST. ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant John Morgan
(Address) 1804 Maryland ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 25, 1931, that I last saw h— alive on Jan 25-31 and that death occurred, on the date stated above, at 7:00 p m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Gastritis + Loss of teeth

..... (duration) ..... yrs. ..... mos. 15 ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Symptoms

(Signed) W R Boykin, M. D.

, 19 (Address) 1512 Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn ave

DATE OF BURIAL 1-28 1931

20 UNDERTAKER: Daniel Foster

ADDRESS 816 Dukeave

C. HAMILTON JONES, M.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64726

CERTIFICATE OF DEATH

94-001 E 64726

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Callington Ave. ST. 1-3 WARD)

2 FULL NAME Louis Slovin

(a) RESIDENCE No. 13 S. Callington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Slovin

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Slovin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Friend
(Address) 1439 Eastern Ave

15 Filed ..... 19 ..... C. HINMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1931, to Jan. 28, 1931 that I last saw him alive on Jan. 28, 1931 and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Karl F. Feingler M. D.

1/28, 1931 (Address) 1002 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 1-28-1931

20 UNDERTAKER Poor Lewis, 1439 E. Baltimore St.

ADDRESS

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64727 92-001 E 64727

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 E Baltimore ST., 3-5 WARD)

2-FULL NAME Max Brown

(a) RESIDENCE No 927 E Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a If married widowed, or divorced HUSBAND of (or) WIFE of Sarah Brown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) shoe
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Yodis —

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1439 E Balto St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27- 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) G C Stades, M. D. Coroner

, 19 (Address) 1439 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 1-28 19 31

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto

Spec.—9-30—A. & Co.—250 Bks.

E 64728

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64728

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 E. Fayette St. 69 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jacob Goldberg

(a) RESIDENCE No. 1803 E. Fayette St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hetta Goldberg

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 71 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Nutpa Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bluma —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): L. Lewis 1439 E. Balto. St.

15 Filed JAN 28 1931, 19 ..... R. K. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 27, 1931 that I last saw him alive on Jan 27th, 1931 and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Saul Snydel M. D.

..... 19 (Address) 1634 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hebrew Wash. Road — DATE OF BURIAL: 1-28 1931

20 UNDERTAKER: Jacob Lewis — ADDRESS: 1439 E. Balto.

Spec.—9-30—A. & Co.—250 Bks.

E 64729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64729

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Jefferson ST. 7-10 WARD)

2. FULL NAME Isaac Beckenheimer

(a) RESIDENCE NO. 2700 Jefferson St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Beckenheimer

6 DATE OF BIRTH (month, day, and year) June 15-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): good

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER David Beckenheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Minnie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Beckenheimer, wife
(Address): 2700 Jefferson St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Jan. 25, 1931 that I last saw him alive on Jan. 24, 1931 and that death occurred, on the date stated above, at 3:50 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

acute pulmonary edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension, nephritis, arteriosclerosis, cerebral

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) L. E. Gobrial M. D.

1-26, 1931 (Address) 4471 N. Lenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew

DATE OF BURIAL: 1-28 1931

20 UNDERTAKER: Jack Levin, 1439

ADDRESS: Balto.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64730

124-002 E 64730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... ST. 21-44 ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel G. Green

(a) RESIDENCE NO. 4506 Harford Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apr. 28th 1853

7 AGE: Years 77 | Months 9 8 | Days 25 29 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Greene

11 BIRTHPLACE OF FATHER (city or town) (State or country): Holland

12 MAIDEN NAME OF MOTHER: Agnes Pagenhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Geo. H. Greene
(Address): 4506 Harford Ave

N 28 1931 ..... 19 ..... C. HUNTER COLLINS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1930, to Jan 27, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 2^43 p.m.

The CAUSE OF DEATH* was as follows:

Portal Cirrhosis of the Liver

(duration) ? yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy findings

(Signed) Richard Franke, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 1/30 1931

20 UNDERTAKER: W. M. Cook

ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 64731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64731

121

CERTIFICATE OF DEATH.

REGISTERED NO. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. WARD)

2-FULL NAME James Edwards

(a) RESIDENCE No. 4528 Harford Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Jennie Edwards

6 DATE OF BIRTH (month, day, and year) Jan 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Southern Hotel

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF ~~FATHER~~ Cornelius A. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME ~~OF MOTHER~~ E. Tate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Records + Jennie Edwards
(Address) 4528 Harford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-1931.

17 I HEREBY CERTIFY, That I attended deceased from 12/27/30, 1930, to 1/27/, 1931, that I last saw him alive on Jan. 27-, 1931, and that death occurred, on the date stated above, at 6.57 P.M. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis -
Peritonitis - ~~[illegible]~~
Indefinite etiology 7 mos at Diagnosis
(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)
Acute Cardiac Dilat (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/27/30

Was there an autopsy? No -

What test confirmed diagnosis? Clinical -

(Signed) M B Hendrix M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetary

DATE OF BURIAL 1/31/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

JAN 28 1931 HAYDEN JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 64732

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-002 E 64732

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Madison Linden ST., 11-24 WARD)

Baltimore Md.

2—FULL NAME Alice Woodward

(a) RESIDENCE NO. 849 Park Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1865

7 AGE: Years 65 Months 2 Days 26 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys Co (State or country) Maryland

PARENTS

10 NAME OF FATHER William Woodward

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Mary Hall

13 BIRTHPLACE OF MOTHER (City or town) Maryland (State or country)

14 Informant Hospital Records

(Address)

15 Filed JAN 28 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1931, to Jan. 27, 1931

that I last saw her alive on January 27, 1931

and that death occurred, on the date stated above, at 6 10 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 1929 (Feb)

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Robert T. Kenworthy, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 1/29/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—0.30—A. & Co.—250 Bks.

Dr Kirk 26 Hoyne Ave

E 64733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

Phila 0317

REGISTERED No. E 64733

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Kennedy Ave. WARD) 46

2. FULL NAME Alfred Aldrich

(a) RESIDENCE No. 2817 Kennedy Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Laura V. Aldrich

6 DATE OF BIRTH (month, day, and year) Oct 13th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 063

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Rev. D. Aldrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Elizabeth Frobla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Mrs Laura Aldrich

(Address) 2817 Kennedy Ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1931, to Jan 26th, 1931 that I last saw him alive on Jan 26th, 1931 and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert S. Kirk M. D.

1/27 1931. (Address) 3136 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL 1/29 1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St

Spec—9-30—A. & Co.—250 Bks.

Dr Foster 20 E. Preston St 9:30 a.m. to 5 P.M.

E 64734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

E 64734

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 E. 31st ST. 9-46 WARD)

2. FULL NAME Samuel Chas Wallis

(a) RESIDENCE No. 1910 E. 31st ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~
HUSBAND of ~~or WIFE of~~ Minnie F. Wallis

6 DATE OF BIRTH (month, day, and year) Sept 17th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Managar

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Continental Roofing Co

9 BIRTHPLACE (city or town) Halifax
(State or country) Nova Scotia

PARENTS

10 NAME OF FATHER Samuel C. Wallis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Halifax Nova Scotia

12 MAIDEN NAME OF MOTHER Jane Z.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Nova Scotia

14 Informant Minnie F. Wallis
(Address) 1910 E. 31st St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from January 22, 1931, to Jan 26, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe - Pontsteral 15 min

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Withheld for M. D.

1/27/ 1931 (Address) 20 E. Preston St. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 1/28/ 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

244278
E 64735

HEALTH DEPARTMENT—CITY OF BALTIMORE

24 E 64735

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-20 WARD)

2-FULL NAME Lorraine Fleet

(a) RESIDENCE No. 1531 E Madison ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb-13-1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Irvin Carles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bernella Fleet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Filed JAN 26 1931 19 M.C. Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 25, 1931, that I last saw her alive on Jan 25, 1931, and that death occurred, on the date stated above, at 6 10 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) ....yrs. 1 mos ....ds.

CONTRIBUTORY (Secondary) generalized tuberculosis

(duration) ....yrs. 3 mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Lumbar puncture.

(Signed) J. C. Goodwin, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery — DATE OF BURIAL Jan 28 1931

20 UNDERTAKER Chas. H. Johnson — ADDRESS 416 N. Carolina St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64736 108 E 64736

REGISTERED No. 5563

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4106 Boarman Av (WARD)

2 FULL NAME Rose Elma Winsett

(a) RESIDENCE No. 4106 Boarman Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 1862

7 AGE: Years 68 Months 8 Days 6 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Winsett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Susan Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Miss Lillian Winsett
(Address) 4106 Boarman Av

15 Filed ___ 19 ___ Registrar

C. HIRAM JONES, M. D.

JAN 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan-28, 1931, to Jan-28, 1931

That I last saw her alive on ___

and that death occurred on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar left lower (with probable pulmonary infarction & slight hemorrhagic Jan-25-26) (duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial weakness and sudden failure (duration) ___ yrs. ___ mos. 1 hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Stanley Cole M. D.

1/28 1931 (Address) 2202 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemy — DATE OF BURIAL: Jan 30 1931

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 217 S. Pa

Spec.—6-9-15—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓

E 64737

REGISTERED NO. E 64737

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Belmont Ave WARD 55)

2-FULL NAME Betty Cole

(a) RESIDENCE No. 3302 Belmont Ave WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac G. Cole

6 DATE OF BIRTH (month, day, and year): Jan 4/65

7 AGE: Years 66. Months 0 Days 23. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: Henry
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.
12 MAIDEN NAME OF MOTHER: Anna Ward
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Kendall & Cippel
(Address): 300 N. Eutaw St.

15 Filed 1931 Harry C. Jones, Registrar

FEB 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as follows: Chronic Bronchopneumonia Nephritis

6 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertrophy of Heart, Arteriosclerosis yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary or

(Signed) G. W. Beachley, M. D.

, 19 (Address) 3317 Belmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Jan 29 1931

20 UNDERTAKER: Kendall & Cippel

ADDRESS: 300 N Eutaw

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-12-23—M&T—500 Blks.

E 64738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Rear of 1100 Block Va. Ave. 108

CITY OF BALTIMORE: (No. 1127 Dora al ST. 17-24 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Bailey

(a) RESIDENCE NO. 1127 Dora al. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mr~~ John

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE: Years 45 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 837

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Catherine Bailey
(Address) 1127 Dora al

15 Filed JAN 29 1931 Registrar

N 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25 1931

17 I HEREBY CERTIFY, That I attended deceased from January 23, 1931, to January 25, 1931.

That I last saw he alive on January 25, 19

and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank E. Wrant M. D.

1/27, 1931 (Address) 695 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/28/1931

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

E 64739

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 64739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Preston St. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Brooks

(a) RESIDENCE NO. 517 Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Randolph

6 DATE OF BIRTH (month, day, and year): April 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: John H. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Fannie Flow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Randolph Brooks

(Address): 517 Preston

15 Filed JAN 28 1931 19 Jeff. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to Jan 26, 1931, that I last saw her alive on Jan 25, 1931 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Carcinomata (Peritoneal)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 6/30

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. McCard, M. D.

1/27, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/29 1931

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64740

CERTIFICATE OF DEATH

107-001

13-54

E 64740

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Madison Ave St. WARD)

2-FULL NAME Marie T. Turner

(a) RESIDENCE NO. 2507 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) ? 1866

7 AGE: Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) S. America

PARENTS

10 NAME OF FATHER ? Amerio

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. America

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Marie Dolson

(Address) 2507 Madison ave

15 Filed 1-28-1931, 19 P.C.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26- 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1931, to Jan 26th, 1931, that I last saw him alive on Jan 26th, 1931, and that death occurred, on the date stated above, at 2, P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (secondary) Chronic Bronchitis, & Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. D. Lightner, M. D.

1/27 1931 (Address) 211 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/29/1931

20 UNDERTAKER Mrs. Geo. H. Holland 1631

ADDRESS Druid Hill

Spec.—8-16-29—L. F. S.—100 Bks.

E 64741

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64741

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Bank ST. 3-4 WARD)

2—FULL NAME Henry Johnson

(a) RESIDENCE NO. 1424 Bank ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) M. D.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Senetta Perry
(Address) 1424 Bank St.

15 Filed FEB 28 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 27, 1931, that I last saw him alive on Jan 26, 1931 and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain

..... (duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Senility

..... (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Pierce A. Endsley, M. D.

19 (Address) 1514 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Jan 30 1931
20 UNDERTAKER Edward Bryan	ADDRESS 0681 orleans St

Spec.—1-30—M. & T.—250 Bks.

E 64742 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64742

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. ST.) 21-46 (WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus D. Clemons.

(a) RESIDENCE NO. 1 Evesham Place ST., _____ WARD Evans - Hampden
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 10th 1890

7 AGE 40 Years	10 Months	17 Days	If LESS than 1 day, ...hrs. or ....min.
40	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate 045

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER A D Clemons.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital records.
(Address)

15 Filed JAN 28 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan. 27, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 4 10 PM.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar. - bilateral.

(duration) ....yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Evans. Md.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) Francis W. Gluck M. D.

1/27 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Waverly Cem — DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Henry W Jenkins & Co — ADDRESS Cockeysville Md

Spec.—1-12-23—M&T—500 Bks.

EXNER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64743

108

E 64743

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Eastern Ave ST. 2-4 WARD)

2-FULL NAME Anna Exner

(a) RESIDENCE NO. 1709 Eastern Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelm Carl Exner

6 DATE OF BIRTH (month, day, and year) May 17-1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leopold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Friedrike Victoria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wilhelm Carl Exner
(Address) 1709 Eastern Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1931

17 I HEREBY CERTIFY That I attended deceased from Dec. 29, 1930 to January 27, 1931, that I last saw her alive on January 27, 1931, and that death occurred, on the date stated above, at 5.08 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schein M.D., M. D.

, 19 (Address) 6016 Eastern Ave - Balt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER John Ullrich

ADDRESS 2008 Orleans

Spec.—1-30—M. & T.—250 Bks.

E 64744

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64744

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 S. Linwood Ave ST., 1-2 WARD)

2-FULL NAME Ferdinand Haas

(a) RESIDENCE NO. 143 S. Linwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Haas

6 DATE OF BIRTH (month, day, and year) Jan 28/54

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) 013
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Henry Haas
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Dont Know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Alice Haas
(Address) 143 S. Linwood Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26-1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 26, 1931, that I last saw him alive on July 26, 1931, and that death occurred, on the date stated above, at 1 05 P. m.

THE CAUSE OF DEATH* was as follows: Myocarditis

(duration) ..... yrs. mos 76 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ans Same

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) M. Schneider, M. D.

1/27, 1931 (Address) 5307 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Jan 29, 1931

20 UNDERTAKER John Ullrich

ADDRESS 2008 Orleans

Spec.—1-30—M. & T.—250 Bks.

LEYH ✓1 E 64745

E 64745

HEALTH DEPARTMENT—CITY OF BALTIMORE

125-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lanvale & St. Paul ST. 10 WARD)

2-FULL NAME Henry Leyh

(a) RESIDENCE No. 2616 E Jefferson ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Oct 15-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U S Army. 08

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer U S.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Leyh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Carrie Rice

(Address) 2412 E Fairmount Ave

15 Filed ....., 19 .... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-12-31, 19..., to 1-27-31, 19...,

that I last saw h alive on 1-27-31, 19...,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Emphysema Gall Bladder

(duration) yrs. 3 mos ds.,

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) Bed ridden mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-17-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

, 19 (Address) 1 West Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Jan 31 1931

20 UNDERTAKER John Ullrich

ADDRESS 2108 Allen

FEB 28 1931

Cor.—10-10-29—A Co.—100 Bks.

E 64746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13/V E 64746

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Balto. Gen. Hosp. St. 1-2 Ward)

2-FULL NAME Henry Andree

(a) RESIDENCE NO. 921 S. Linwood Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unkn.

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Andree

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Charles A. Jackson
(Address) 921 S. Linwood Ave.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 5 mos. ..... ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D.

Jan 27 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Jan	29 1931

20 UNDERTAKER	ADDRESS
John J Duda	2811 Hudson St

FEB 28 1931

Cor.—10-10-29—A Co.—100 Bks.

E 64747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓93-003 E 64747

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 917 Forrest St. St., 10-15 Ward)

2-FULL NAME Lena Fields,(C)

(a) RESIDENCE NO. 917 Forrest St. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	46	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook. 021
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Pennsylvania
(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Do not know.

14 Informant Sally Gray.(C)
(Address) 412 N. Regester St.

15 Filed ....., 19.... C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D.

1/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Lawn

DATE OF BURIAL 1/28 19 31

20 UNDERTAKER M. Samuel C. Hemsley

ADDRESS 578 N. Bush

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 64748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64748

CERTIFICATE OF DEATH.

93-013

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 76-37 Ward)

2. FULL NAME John O'Neill

(a) RESIDENCE No. none St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 .....

C. HUBERT JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from 5-26-24, 19..., to 1-25-31, 19... that I last saw h... alive on 1-25-31, 19... and that death occurred, on the date stated above, at 10:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

1-26, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Sacred Heart

DATE OF BURIAL 1/28 1931

20 UNDERTAKER John J. Fahey Sons

ADDRESS 31 [illegible]

1-30—M. & T.—100 B—50L

E 64749

E 64749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Northeastern Police Station ~~ST.~~ WARD) 10 14

2-FULL NAME Avon Barnett

(a) RESIDENCE No 726 Harford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary K. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Barnett
(Address) 2101 Oak St

15 Filed JAN 28 1931, 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26. 31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Alcoholism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Jan. 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary cemetery

DATE OF BURIAL Jan. 28, 1931

20 UNDERTAKER Mrs. R. M. Elliott

ADDRESS 1725 Washington

Spec.—1-30—M. & T.—250 Bks.

E 64750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64750

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 N. Charles St. 17-20 WARD)

2-FULL NAME Anna G. Donahue

(a) RESIDENCE No. 1814 N. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Donahue

6 DATE OF BIRTH (month, day, and year) about 1899

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 32 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Strabmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Hedrick (Address) 1814 N. Charles St.

15 Filed JAN 28 1931 C. HUDSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1931, to Jan. 28, 1931; that I last saw her alive on Jan. 28, 1931, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Edward B. Wolfe, M. D.

, 19 (Address) 1331 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Harford Rd.	Jan. 30, 1931

20 UNDERTAKER Elmer W. Conkling ADDRESS 924 E. Eager St.

Cor.—10-10-29—A Co.—100 Bks.

E 64751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64751

CERTIFICATE OF DEATH

186-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the

City of Baltimore: (No. South Baltimore General Hospital St., 3-4 Ward)

2-FULL NAME Walter Baginski.

(a) RESIDENCE NO. 428 S Dallas St. St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 11, 1906

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	24	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank Baginski.

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Poland.

12 MAIDEN NAME OF MOTHER Lena Bonkoska.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Poland.

14 Informant Frank Baginski. (father)
(Address) 428 S. Dallas St.

15 Filed _____, 19 _____ C. HUMPSON JONES, M. D. Registrar
JAN 28 1931 G. H. SCHOPPERT

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidental fall from a tree.

_____ (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Green Haven U. C. Co. Md

Did an operation precede death? No. Date of January 25, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

1/28/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary J. G. — DATE OF BURIAL Jan 29 1931

20 UNDERTAKER P. Wojazuski — ADDRESS Eastern Ave. 1930

Important. See instructions on back of certificate. Please statement of OCCUPATION is very

Burkholder

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64752

82-001

64752

CERTIFICATE OF DEATH

REGISTERED NO. 4927

1-PLACE OF DEATH Aged Women's Home

City of BALTIMORE: (No. 1404 W Lexington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie S Buckholder

(a) RESIDENCE NO. 1404 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17 1848

7 AGE: Years 83 Months Days 10 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER S R Buckholder

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Mary Buckholder

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mrs Martha E Baker

(Address) 1404 W Lexington

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased, from March 15, 1927, to Jan. 27, 1931, that I last saw her alive on Jan. 27, 1931, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C.E.

(Signed) Edwin B. Jossell M. D.

, 19 (Address) 1151 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

Date of Burial 1/30 1931

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

very important. See instructions on back of certificates.

E

Exact statement of OCCUPATION is

JAN 28 1931 C. HARRY JONES

Spec.—1-30—M. & T.—250 Bks.

E 64753 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64753

1-002
16

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Charles ST. 12-50 WARD)

2-FULL NAME Margaret A Robinson

(a) RESIDENCE No. 2121 Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 17, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Miss Ruth Bell
(Address) 2121 N. Charles St

15 Filed ....., 19 ..... C. HAMILTON JONES, M. D. Registrar

JAN 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Jan 26, 1931, that I last saw her alive on Jan 23, 1931, and that death occurred, on the date stated above, at 9-30 a m.

The CAUSE OF DEATH* was as follows:

Senile

(duration) ....yrs. mos ....ds.

CONTRIBUTORY (Secondary) None (duration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? 89 years

(Signed) W W Beach, M. D.

Jan 27, 1931 (Address) 2105 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Jan 29 1931

20 UNDERTAKER: George A Smith — ADDRESS: 1532 Hollins St

Spec.—7-17-26—A Co.—200 Bks.

E 64754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64754

CERTIFICATE OF DEATH

5-64759

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4002 Kathland Ave St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Greenfeld

(a) RESIDENCE NO. 4002 Kathland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lotz Jacob

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE Years: 77 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Colman Ratinsky

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Silvia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: S. Greenfeld

(Address) 4002 Kathland Ave

15 Filed ..... 19 ..... Registrar

JAN 28 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan - 28 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1930, to Jan - 28, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Myocarditis
Chronic Nephritis
Diabetes Mellitus

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) David Franchem M. D.

1/28, 1931 (Address) 1227 Eu

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

Date of Burial: Jan 28 1931

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—9-30—A. & Co.—250 Bks.

E 64755

64755 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5307 Wesley Ave ST. 28-4 WARD)

2. FULL NAME Alverta Skinner

(a) RESIDENCE No. 5307 Wesley Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel T. Skinner

6. DATE OF BIRTH (month, day, and year) Sept. 12 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	4	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Leggs Ave's Md

PARENTS

10. NAME OF FATHER John Legg

11. BIRTHPLACE OF FATHER (city or town) (State or country) Md

12. MAIDEN NAME OF MOTHER Rebecca Cockey

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14. Informant Mismary Clark
(Address) 5307 Wesley Ave

15. Filed JAN 26 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jany 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 27, 1931, that I last saw her alive on Jan 26, 1931, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Cerebral

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) ..... yrs. ..... mos. 4 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. T. Franklin M. D.

19 (Address) 9 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Stevensville Md — DATE OF BURIAL Jany 29 1931

20. UNDERTAKER John O Mitchell & Son — ADDRESS 1910 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

9446 E 64756

Ind.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64756

X 51-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Dr. Charles Conner

(a) RESIDENCE No. Marietta Ohio ST., ... WARD Bracy 4.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Laura Conner

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician & O.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Robert S. Conner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Frances Parnham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Records

(Address)

15 Filed ..... 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan. 28, 1931, that I last saw him alive on January 28, 1931, and that death occurred, on the date stated above, at 5:25 A.m.

The CAUSE OF DEATH* was as follows: Secondary anemia following carcinoma of the bladder and intestinal obstruction

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Secondary anemia, intest. obstruct. Cancer? (duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? Not determined

Did an operation precede death? Yes. Date of January 22-1931

Was there an autopsy? Yes. Carcinoma of bladder, kidney & liver

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Marietta Ohio

DATE OF BURIAL January 28 1931

20 UNDERTAKER John O. Mitchell & Son

ADDRESS 900 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

64757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64757

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1140 Russell St. 21-29 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas White

(a) RESIDENCE NO. 1140 Russell ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
53		2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md

PARENTS

10 NAME OF FATHER John H. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna Grays Co.

14 Informant Susie Pinder
(Address) 721 T. St. S. E.

15 Filed JAN 28 1931, 19.. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1931 to Jan 25 1931, that I last saw him alive on Jan 25 1931, and that death occurred, on the date stated above, at 1.38 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Bilateral
(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. B. Hastings M. D.

1/25 1931 (Address) 1423 D. Hill St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 1/28/31

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 1294 Hanover

See instructions on back of certificates. Keep this very important.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64758

11-001 E 64758

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Plum Alley ST. 23-31 WARD)

2-FULL NAME Walter Cornelius Boardley

(a) RESIDENCE NO. 913 Plum Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Boardley

6 DATE OF BIRTH (month, day, and year) Feb. 14 1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Industry

(c) Name of employer Swindell Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John C. Boardley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cal. Co. Md.

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Charles Boardley
(Address) 913 Plum St

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

JAN 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/31

17 I HEREBY CERTIFY, That I attended deceased from 1/20, 1931, to Jan 25, 1931 that I last saw him alive on Jan 25, 1931 and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D. Wharton M. D.

1/27, 1931 (Address) 830 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL 1/28/31

20 UNDERTAKER Walter B. Higgs — ADDRESS B'ville

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64759

107-006 E 64759

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. H-7 WARD)

2-FULL NAME Mr Louis Bergner

(a) RESIDENCE No. 7 E Centre St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Job

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Frederick Bergner.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Wooge

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 27, 1931

that I last saw him alive on Jan 27, 1931

and that death occurred, on the date stated above, at 8³⁰ A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Zeyko M. D.

1/27. 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/29 1931

20 UNDERTAKER Henry U. Meurs and Son

ADDRESS 805 N. Calvert

JAMES H. JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64760

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 8-40 WARD)

2-FULL NAME (Mrs) Barbara Henrick

(a) RESIDENCE No. 3415 Lindale Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1865	Jan	6 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Laurence Henricke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Don't Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Laurence F. Luding.

(Address) 3415 Lindale Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic hypertensive cardiovascular renal disease

unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage (duration) ..... yrs. ..... mos. 11 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Sullivan, M. D.

, 19 (Address) So Balti Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cemetery

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Louis Heemann

ADDRESS 328 Broadway

CLARENCE M. JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64761

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-006 E 64761

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 234 S. Ann Street ST 2-4 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Zaczepan S. Kowalski

(a) RESIDENCE No. 234 S. Ann Street ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 24 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna . Kowalski

6 DATE OF BIRTH (month, day, and year) Dec. 26 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	1	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Flue Welder 073

(b) General nature of industry, business, or establishment in which employed (or employer) B.O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Thadeusz . Kowalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Maryanna . Kowalski (Address) 234 S. Ann Street

15 Date ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26-31

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to Jan. 26, 1931 that I last saw him alive on Jan. 26, 1931 and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept. 10-30

Was there an autopsy? no.

What test confirmed diagnosis? Operation, laparotomy

(Signed) John V. Jezierski M. D.

19 (Address) 1738 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery DATE OF BURIAL January 30 19 31

20 UNDERTAKER John M. Weber ADDRESS 401 S. Chester St.

Spec.—9-30—A. & Co.—256 Bks.

E 64762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

E 64762

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 W. Fairmount ST. 19 WARD)

2-FULL NAME Daniel Fisher

(a) RESIDENCE No. 2530 W. Fairmount ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 16 ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Fisher

6 DATE OF BIRTH (month, day, and year): May 8, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Daniel Fisher
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Daniel Fisher
(Address) 2530 W. Fairmount ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1930, to Jan 24, 1931
that I last saw him alive on Jan 24, 1931
and that death occurred, on the date stated above, at 12:20 p. m.

The CAUSE OF DEATH* was as follows:
diabetes mellitus

abt
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests.

(Signed) George A. Knipp M. D.
, 19 (Address) 3530 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 1/28/19 31

20 UNDERTAKER: F. A. Wippert — ADDRESS: 1850 W. Balto St

1-30—M. & T.—100 B—50L

E 64763. HEALTH DEPARTMENT—CITY OF BALTIMORE E 64763.

CERTIFICATE OF DEATH

4-16 164-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 W. Lexington ST. 4 WARD)

2-FULL NAME Christine M. Barton

(a) RESIDENCE No 705 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) Sept 27 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bernice Emge
(Address) 1101 N. Eutaw St

15 Filed 2 9 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by illuminating gas. Suicide.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

1/27. 1931 (Address) 2734 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan 29 1931

20 UNDERTAKER W M Louison

ADDRESS 2 3 8 N Mt Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64764 131 E 64764

CERTIFICATE OF DEATH

REGISTERED NO. 1724

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Argyle ave ST., 17 WARD)

2—FULL NAME Eliza Ann Brown

(a) RESIDENCE NO. 1131 Argyle ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year):

7 AGE: 56 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Service

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jas. Gilbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hannah Earls

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Bessie Grotman

(Address) 1418 N. Carrollton

Filed JAN 28 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan-26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan. 26, 1931 that I last saw h. alive on Jan 26, 1931 and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. 2 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Pohlmann, M. D.

1/28 1931 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/29 1931

20 UNDERTAKER: Jesse St. Redden

ADDRESS 436 St. Briddle St.

Spec.—1-30—M. & T.—250 Bks.

E 64765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64765

CERTIFICATE OF DEATH.

93-003

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 N. Stricker ST. 19-27 (WARD)

2-FULL NAME Cornelius Madison Howard

(a) RESIDENCE No. 531 N Stricker ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mattie Howard

6 DATE OF BIRTH (month, day, and year) — — 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister of Gospel

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer

9 BIRTHPLACE (city or town) King George Co
(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant W. H. Beverley
(Address) 342 Bloom St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26 1931

17 I HEREBY CERTIFY, That I attended deceased from January 14, 1930, to January 26, 1931, that I last saw him alive on January 25, 1931, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvulitis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. H. Woodall M. D.

1/26, 19 31 (Address) 601 Warrington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star	Jan. 29 1931

20 UNDERTAKER	ADDRESS
Joseph A. Lively	409 N. Mount St

THOMAS HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 64766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64766

CERTIFICATE OF DEATH.

26-3793-005

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2-FULL NAME George Dorn

(a) RESIDENCE NO. no home ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Dorn

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coppersmith

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER George Dorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant: Records of (Address) Balto. City Hosp.

15 Filed ..., 19... HENRY J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-31

17 I HEREBY CERTIFY, That I attended deceased from 1-24-31, 19..., to 1-26-31, 19... that I last saw him alive on 1-26-31, 19... and that death occurred, on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis hepatis -

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Padget M. D.

1-26-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Cem. DATE OF BURIAL: Jan 29 1931

20 UNDERTAKER: John C. Miller ADDRESS: 2435 E Oliver

Spec.—8-16-29—L. F. S.—100 Bks.

E 64767

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 64767

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 S. Belnord Ave ST. 1-3 WARD)

2—FULL NAME Anna M. Gaydos.

(a) RESIDENCE NO. 1002 S. Belnord Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): March 22" 1910

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
20	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Gaydos.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Susan Savko.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Paul Gaydos.
(Address) 1002 S. Belnord ave

15 Filed JAN 28 1931, 19.. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26" 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1930 to Jan 26, 1931, that I last saw her alive on Jan. 26, 1931 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

..... (duration) 1 yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel B. W. M. D.

..... 19 (Address) 1331 S. Hoffman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Jan 29 1931

20 UNDERTAKER: Stephen J. Fiallowski

ADDRESS: 1000 S. Kenwood

Spec.—1-30—M. & T.—250 Bks.

E 64768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 120 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Frederica Lintz

(a) RESIDENCE NO. Phoenix Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ George Lintz

6 DATE OF BIRTH (month, day, and year) 8 Jan 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80 81	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Frederick Lintz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant George Lintz
(Address) Phoenix Md

15 Filed 1-28 1931, 19 ..... C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1930, to Jan 28, 1931, that I last saw her alive on January 28, 1931, and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Fracture of Right femur

(over)

(duration) ..... yrs. mos 65 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Wylie M Law, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Cem. — DATE OF BURIAL Jan 30th 1931.

20 UNDERTAKER John Burns Sons — ADDRESS Towson Md

Spec.—9-30—A. & Co.—250 Bks.

E 64769 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 64769

CERTIFICATE OF DEATH.

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Belair Rd. St.) 28 WARD 41

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John F. Krein

(a) RESIDENCE No. 4509 Belair St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Dec 14-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Francis Krein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Anna M. Huber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Francis Krein
(Address): 4509 Belair Rd

Filed 2 8 1931, 19 .....

C. HAMILTON JONES, M. D. Registrar

NRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-10-31, 19..., to 1-27-31, 19..., that I last saw him alive on 1-27-31, 19..., and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows: Ulcerative disease of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What lesions confirmed diagnosis? Symptoms &c.

(Signed) Wm. L. Gorsel M. D.

, 19 (Address) Corner Fountain

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: 1-31 1931

20 UNDERTAKER: L. L. Rush — ADDRESS: Lafayette

Spec.—1-30—M. & T.—250 Bks.

E 64770 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64770

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. 5 Caroline & Oliver St. 16 WARD)

2-FULL NAME Henry Beach

(a) RESIDENCE No. 3 S. Frederick St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) W

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nea Kuan

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE 37 Years Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nea Kuan

(b) General nature of industry, business, or establishment in which employed (or employer) Nea Kuan 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nat Kuan

PARENTS

10 NAME OF FATHER Nat Kuan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nat Kuan

12 MAIDEN NAME OF MOTHER Nat Kuan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nat Kuan

14 Informant Hospital Records
(Address)

15 Filed ..... 1931 (Cremated.) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Jan. 24, 1931, that I last saw h. alive on Jan. 24, 1931, and that death occurred, on the date stated above, at 9 30 p. m.

The CAUSE OF DEATH* was as follows:

Labor Premature

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Post Mortem

(Signed) N B Sheridan M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

JAN 26 1931 JAN 27 1931

Spec.—9-30—A. & Co.—250 Bks

E 64771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64771

CERTIFICATE OF DEATH.

122-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 22-30 WARD)

2. FULL NAME Lula Higgins

(a) RESIDENCE NO. 512 S Charles ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Flora Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Hospital Record
(Address)

Filed ..... 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 26, 1931

That I last saw her alive on Jan 26, 1931

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of? Exploratory Jan 23 31

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operat.

(Signed) J. Leyh M. D.

1/26, 1931 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HARRY JONES, M. D.
Commissioner Health.

JAN 28 1931

Spec.—9-30—A. & Co.—250 Bks.

E 64772

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64772

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

3-4 82-00

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST ..... WARD)

2. FULL NAME Henrietta Morris

(a) RESIDENCE No. 235 S. Caroline ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1888 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Jim Caster

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Libby Gaskins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-31

17 I HEREBY CERTIFY, That I attended deceased from 3-15-23, 19..., to 1-24-31, 19...
that I last saw him alive on 1-24-31, 19...
and that death occurred, on the date stated above, at 2:10 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension (duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

1-26 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 2 8 1931 19

ADDRESS

20 UNDERTAKER

ADDRESS

2 8 1931 C. HIMSON JONES M. D. Commissioner Health

5116

Per Wm. E. WOODALL

Spec.—9-30—A. & Co.—250 Bks.

E 64773 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64773

CERTIFICATE OF DEATH.

93-03

1 PLACE OF DEATH Baltimore City Hospitals 26-37

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2 FULL NAME Hugh Sprott

(a) RESIDENCE NO. none ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 12, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Umbrella worker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Hugh Sprott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Lighbody

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

JAN 28 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-31

17 I HEREBY CERTIFY, That I attended deceased from 9-18-28, 19..., to 1-25-31, 19... that I last saw him alive on 1-25-31, 19... And that death occurred, on the date stated above, at 7:55 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Padget M. D.

1-26, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. ADDRESS

JOHNS HOPKINS HOSPITAL JAN 2 1931

Geo. W. WOODALL

Spec.—0-30—A. & Co.—250 Blks

E 64774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64774

CERTIFICATE OF DEATH.

108

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST 5-8 WARD)

2. FULL NAME James Campher

(a) RESIDENCE No. 1303 May ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Campher

6 DATE OF BIRTH (month, day, and year) March 22, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work R.R. laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l
(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Britchet Campher

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-31

17 I HEREBY CERTIFY, That I attended deceased from 1-20-31, 19..., to 1-26-31, 19...
that I last saw him alive on 1-26-31, 19...
and that death occurred, on the date stated above, at 11:35 A. m.

The CAUSE OF DEATH* was as follows:
Pneumonia - lobar.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Julian F. Chisholm, M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 28 1931

20 UNDERTAKER

ADDRESS

Commissioner Health.

JAN 28 1931 C. HAMPSON JONES, M. D.

Apt

Spec.—2-29-28—L. F. S.—500 Bks.

E 64775

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

E 64775

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19 N. Linden ST. 14-2B WARD)

2—FULL NAME Bert Smith

(a) RESIDENCE NO. 19 N. Linden ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6 DATE OF BIRTH (month, day, and year) 1/26/31

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Robert J. Smith

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Lavinia Watts

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant .....
(Address) .....

Filed 1/28 1931 C. HARPSCH JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from 1/26, 1931, to 1/27, 1931, that I last saw h.. alive on 1/27/31, 19.., and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (6½ mo Lasting)

..... (duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Bernard J. Perry, M. D.

1/27, 1931 (Address) 9 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER Commissioner Health	ADDRESS JAN 28 1931

Spec.—6-9-19—H. P. Co.—1000 Blks.

(Sewall)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64776

82-001 E 64776

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Kingston Rd ST.) 28-71 (WARD)

2-FULL NAME Johanah Sewell

(a) RESIDENCE (Usual place of abode) No. 401 Kingston Rd ST., WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Eliz B. Sewall

6 DATE OF BIRTH (month, day, and year) Oct. 4 1871

7 AGE Years 59 Months 3 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frank B. Krieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Lisa Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Eliz B. Sewall (Address) 401 Kingston Road.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th 1931, to Jan 26 1931, that I last saw h alive on Jan 26 1931, and that death occurred, on the date stated above, at 16:30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile + Hd Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Gorsuch M. D.

1-28 1931 (Address) 117 N Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan. 29 1931

20 UNDERTAKER George L. Schwartz

ADDRESS 2201 Druid Park

FEB 28 1931 C. HAMILTON JONES, M. D. Registrar

Reg. 8148

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64777

E 64777

REGISTERED NO. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2209 Christian ST.; 30-69 WARD

2-FULL NAME Charles Schneider

(a) RESIDENCE No. 2209 Christian ST.. WARD.

(usual place of abode) (If nonresident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Schneider

6 DATE OF BIRTH (month, day, and year): June 9-1884

7 AGE: Years 46 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Herman Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Marie Finrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Rose Schneider 2209 Christian St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1931 to Jan 26 1931 that I last saw ~~him~~ alive on Jan 26 1931 and that death occurred, on the date stated above, at 9 40 P. M. The CAUSE OF DEATH was as follows:* Acute Encephalitis Epidemic

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 4 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Tabert M. D.

1/27/31 (Address) 2151 Wilkens Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 29 31

20 UNDERTAKER: George W. Schwartz

ADDRESS: 1201 Hollins

Spec.—1-30—M. & T.—250 Bks.

E 64778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64778

CERTIFICATE OF DEATH.

+ 93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (NO. University Hospital ST., ... WARD)

2-FULL NAME John M. Thompson

(a) RESIDENCE NO. Mt. Airy, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. ..... mos. 3 ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~: Thompson

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Record.
(Address): Green & Lombard Sts. Balto.

15 Filed: 8 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 28, 1931, that I last saw him alive on Jan 28, 1931, and that death occurred, on the date stated above, at 11 00 A m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic heart disease.
Congestive Myocardial insufficiency generalized anasarca (duration) yrs. 1 mos ..... ds. .....
CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. ..... mos. 2 ds. .....

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? yes: Partial

What test confirmed diagnosis? Clin findings & autopsy

(Signed) George R. Yeager, M. D.

28, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Cemetery | DATE OF BURIAL: Jan 30, 1931.

20 UNDERTAKER: C. M. Watts | ADDRESS: Sheffield Md.

1-30—M. & T.—100 B—50L

E 64779

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-00 E 64779

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST. 20-70 WARD)

2-FULL NAME David P. Riley

(a) RESIDENCE No 3407 Caton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-13-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Locksmith
(c) Name of employer Retd

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Geo W Riley

11 BIRTHPLACE OF FATHER (city or town) London
(State or country) Eng

12 MAIDEN NAME OF MOTHER Josephine Hontz

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. C. Rassakatis
(Address) 3407 Caton Ave.

15 Filed ..... 192 ..... Registrar

JAMES H. JONES, M. D.
JAN 28 1931
NKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck & knocked down by moving auto
(a)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia Shock
Fract Femur Fibrosis Tubular
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fred'k Rd & Helton

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Frame, M. D. Coroner

1/28, 1931 (Address) 2939 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan. 29 1931

20 UNDERTAKER Charles J. Schwab — ADDRESS 505 N. Monroe St

Spec.—1-30—M. & T.—250 Bks

E 64780 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64780

CERTIFICATE OF DEATH.

REGISTERED NO. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Clipper Heights ST., WARD)

2-FULL NAME Angia Irene Smith

(a) RESIDENCE NO. 1311 Clipper Heights Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 22, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child. [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Ernest P. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Ernest P. Smith
(Address) 1311 Clipper Heights Ave

15 Filed 1 28 1931 H. C. HAMPSON JONES, M. D. Registrar By RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/25, 1931, to 1/28, 1931, that I last saw her alive on 1/28, 1931, and that death occurred, on the date stated above, at 1 45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/28, 1931 (Address) 1020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary Hampden

DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Chunn & Son

ADDRESS 3615 Eastern Ave

Spec.—9-30—A. & Co.—250 Bks

64781

HEALTH DEPARTMENT—CITY OF BALTIMORE

51-001 64781

CERTIFICATE OF DEATH.

REGISTERED No. 23231

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Hanover ST. 23rd WARD

2. FULL NAME Wm. Henry Hammel

(a) RESIDENCE No. 1223 Hanover ST. 23rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Leona Hammel

6 DATE OF BIRTH (month, day, and year) June 6-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Charles H. Hammel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Ida Beepe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Emma L. Hammel

(Address) 1223 S. Hanover St.

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931 to Jan. 26, 1931

that I last saw him alive on Jan. 26, 1931

and that death occurred, on the date stated above, at 2 46 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the bladder (over)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? don't know

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Laboratory.

(Signed) [illegible] M. D.

19 (Address) 1315 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park.

20 UNDERTAKER Fred A. Kramer & Son.

DATE OF BURIAL Jan 30 1931

ADDRESS 103 S. Hanover St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64782

CERTIFICATE OF DEATH.

x 97-001 ✓ E 64782

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Laurens ST., 16 WARD) 23

2-FULL NAME Robt. A Garner

(a) RESIDENCE No. 1316 Laurens ST., WARD St. Mary's Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Garner

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE: Years 52 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab — GEN

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary Co. Md.

PARENTS

10 NAME OF FATHER John Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Dora Wright

(Address) 1334 Madison St.

15 Filed 2 8 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28 1931

17 I HEREBY CERTIFY, That I attended deceased from 11/6, 1930, to 1/28, 1931, that I last saw him alive on 1/27, 1931, and that death occurred, on the date stated above, at 4 A m

The CAUSE OF DEATH* was as follows:

a. Nephritis x

Acute pneumonia

(duration) yrs. 2 mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Jan. 29, 1931 (Address) 2124 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holly Grove St. Marys Md. DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: Sam'l W. Chase & Son ADDRESS: #1638 Eutaw

Spec.—1-30—M. & T.—250 Bks.

E 64783 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64783

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital Baltimore, Md.

CITY OF BALTIMORE: (No. ..... ST. 23-34 WARD)

2-FULL NAME John M. Mallard

(a) RESIDENCE NO. 1725 S. Charles St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bridget F. Mallard

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 615
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER William F. Mallard
11 BIRTHPLACE OF FATHER (city or town) North Carolina
(State or country)
12 MAIDEN NAME OF MOTHER Phoebe ?
13 BIRTHPLACE OF MOTHER (city or town) North Carolina
(State or country)

14 Informant Records, U.S. MarineHospital
(Address) Baltimore, Md.

Filed FEB 28 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 24, 1931, to January 26, 1931, that I last saw him alive on January 26, 1931, and that death occurred, on the date stated above, at 10:17 A. m.

The CAUSE OF DEATH* was as follows:
Pneumonia, lobar
unknown (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Gordon A. Abbott, M. D.
1/26, 1931 (Address) U.S. Marine Hospital, Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 28, 31

20 UNDERTAKER Margret B Flynn — ADDRESS 1422 Light St

Not Excel M.D.

Spec.—1-30—M. & T.—250 Bks

E 64784

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 64784

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 205 East ST. 5-8 WARD)

2-FULL NAME Emma Hicks

(a) RESIDENCE NO. 205 East ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Hicks

6 DATE OF BIRTH (month, day, and year) 1-24-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	68		23 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mr John Hicks Jr.
(Address) 215 East 1st

15 Filed 1-28 1931, 19 .....

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931 to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 9 45 p m.

The CAUSE OF DEATH* was as follows:

Cardio Renal

(duration) ....yrs. 3 mos ....ds.

CONTRIBUTORY (Secondary) no

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) [illegible] M. D.

Jan. 29, 1931 (Address) 508 Cameron

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL 1-29 1931

20 UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1401 Jefferson

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64785

107-001

E 64785

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

21-29

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital. St. Ward)

2-FULL NAME Melvin Price. (C)

(a) RESIDENCE NO. 612 Archer St. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 28, 1922

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	8	5	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Price. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lucy Wright. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Lucy Price. (C) mother.
(Address) 612 Archer St.

15 Filed 1931 19.. C. BLAKESLEE JOHNS M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tonsillitis, Cervical adenitis, broncho-pneumonia.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation of the Heart. (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 612 Archer St.

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes by hospital.

What test confirmed diagnosis? .....

(Signed) Otto H. Reinhardt M. D.

1/28/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 1-30 1931

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill

Important: See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64786

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64786

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Ashland ST., 713 WARD)

2-FULL NAME Arthur Blackwell

(a) RESIDENCE No. 1821 Ashland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marion S. C.

PARENTS

10 NAME OF FATHER Mitchell Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Pauline Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Lucy Drake
(Address) 1821 Ashland

15 Filed ..... 19 ..... Registrar

FEB 2 1931 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to 1/27, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

1/27, 1931 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cem.

DATE OF BURIAL 1-29 1931

20 UNDERTAKER Byrom & Knight

ADDRESS 1218 McCulloh St.

Spec.—9-30—A. & Co.—250 Pks

E 64787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 64787

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Bolton St. 14-20 (WARD)

2 FULL NAME Lucy Carr Hall

(a) RESIDENCE No. 1511 Bolton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 ds. How Long in U. S., if of foreign birth? 79 yrs. 4 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Chapman Hall

6 DATE OF BIRTH (month, day, and year) Sept 2-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Q. A. Co. Maryland

PARENTS

10 NAME OF FATHER Philip Dorsey Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Q. A. Co. Maryland

12 MAIDEN NAME OF MOTHER Sarah Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Q. A. Co. Maryland

14 Informant C. Dorsey Hall (Son)
(Address) Elizabeth - N.J.

15 Filed ..... 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan/29/1931.

17 I HEREBY CERTIFY, That I attended deceased from January 22 1931, to January 27, 1931 that I last saw deceased alive on January 27, 1931 and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Roger M. Little M. D.

Jan 28 1931 (Address) 4354 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millennell Ally. (St Stephens) DATE OF BURIAL Jan/29 1931

20 UNDERTAKER Stewart McGinn Company ADDRESS Balto.

JAN 29 1931 C. HARRY JONES M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64788

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 207 W. 29th. St. ST. 12-50 WARD)

2-FULL NAME Georgella Ramey Finch.

(a) RESIDENCE NO. 207 W. 29th. St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Roland Weston Finch.

6 DATE OF BIRTH (month, day, and year) August 10th. 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William A. Ramey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Margaret Snow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant David Finch
(Address) 207 W. 29th. St.

15 Filed JAN 29 1931, 19 G. HARRY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26th. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1931, to Jan 26, 1931, that I last saw h.. alive on Jan 25th, 1931, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Myocardial weakening
Acute dilation

(duration) 13 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Infection urinary channels
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Urine analysis

(Signed) [illegible], M. D.

Jan 27, 19 31 (Address) 1300 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery.

DATE OF BURIAL Jan 29 19 31

20 UNDERTAKER Chas. E. Trace & Son

ADDRESS 118 W. Mt Royal Ave

Spec.—1-30—M. & T.—250 Bks

E 64789

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64789

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH University of Maryland Hospital

CITY OF BALTIMORE: (No. 8-16 ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Tuckey

(a) RESIDENCE NO. 2203 E. Oliver ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): for

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: for

6 DATE OF BIRTH (month, day, and year) Jan 26-1931

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day, 46 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer): infant

(c) Name of employer: child

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country) Md. Univ Hospital

PARENTS

10 NAME OF FATHER Harry Elmer Tuckey

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Leona S. Aswinkle

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant H. Elmer Tuckey Father
(Address) 2203 E. Oliver St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 12 15 A.m.

The CAUSE OF DEATH* was as follows:
Prematurity, 36 weeks; ~~Congenital~~ ~~misconception~~ ~~Congenital Lobar~~ ~~pneumonia~~
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Maternal Cryptogenic Pneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wylie M. Faw, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 30 1931

UNDERTAKER: Franklin W. Seitz — ADDRESS: 707 W 33rd St

HARRISON JONES, M.D.

Spec.—1-30—M. & T.—250 Bks.

Tuckey

E 64790

E 64790

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 8-16 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME LEONA TUCKEY

(a) RESIDENCE NO. 2203 E. OLIVER ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or WIFE of Harry E Tuckey

6 DATE OF BIRTH (month, day, and year) Nov 14 1907

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Frank Oswinkle

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Harry E Tuckey
(Address) 2203 E Oliver St.

15 Filed N 29 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from 1/26, 1931, to 1/27, 1931, that I last saw her alive on 1/27, 1931, and that death occurred, on the date stated above, at 7 10 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, influenzal bilateral (duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Pregnancy, 3rd, premature (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical - autopsy.

(Signed) Charles E. Gill M. D.

1/27, 1931 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Franklin W Seitz — ADDRESS 709 W 33rd St.

Spec.—1-30—M. & T.—250 Bks

E 64791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64791

CERTIFICATE OF DEATH.

160-02

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Strieper ST. 7-11 WARD)

2-FULL NAME Baby Lawler

(a) RESIDENCE NO. 516 N. Strieper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 27/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm B. Lawler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Katherine Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Wm B. Lawler
(Address) 516 N. Strieper

15 Filed ..... 19 ..... C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Jan 28, 1931, that I last saw him alive on Jan 8, 1931, and that death occurred, on the date stated above, at 5 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
(Instrumental Delivery)
Obstructions (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Congenital Prematurity. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo G. Geyer M.D.

, 19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Jan 29/31

20 UNDERTAKER Philip Herwig

ADDRESS 400 Orleans St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64792 LE 64792

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1107 W. 37 St. 13-52 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret A. DeGoucy

(a) RESIDENCE No. 1107 W. 37 St. ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16 1855

7 AGE: Years 75 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: James A. DeGoucy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City Md

12 NAME OF MOTHER: Sarah J. Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Ella Aitchock (Address) 1107 W. 37 St

15 Filed N 29 1930 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 27, 1931

That I last saw h[illegible] alive on Jan 27, 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows: Cardiorenal disease of cerebral arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam to

(Signed) [illegible] M. D.

Jan. 19 31 (Address) 3424 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery DATE OF BURIAL: Jan 29 1931

20 UNDERTAKER: A S Marshall ADDRESS: 3539 Falls Rd

Spec.—9-30—A. & Co.—250 Bks.

E 64793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64793

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2642 Huntingdon Ave ST. WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence V. Biddle

(a) RESIDENCE No. 2642 Huntingdon Ave STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas H. Biddle

6 DATE OF BIRTH (month, day, and year) Apr 4 - 1873

7 AGE: Years 57 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER Thomas H. Lowney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Mary A. Murrymas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant M. Lowney
(Address) 2642 Huntingdon Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Jan 27, 1931 that I last saw her alive on Jan 27, 1931 and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:
Chronic Endo by myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Isaac Drewry M. D.

1/28/31 19 (Address) 8416 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Ceme

DATE OF BURIAL: Jan 29 19 31

20 UNDERTAKER: D S Marshall 3539

ADDRESS: Falls Rd

JAN 28 1931 HINDS-JONES, INC.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64794

E 64794

CERTIFICATE OF DEATH.

107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Brune St. 17-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lee Bartlett

(a) RESIDENCE NO. 724 Brune. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1930

7 AGE: Years | Months: 8 | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William L. Bartlett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Land

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Sarah Bartlett

(Address): 724 Brune St

15 Filed: C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931 to Jan 27th, 1931, that I last saw him alive on Jan 27th, 1931, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Broncho pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Leo. H. Lauenbach M. D.

1-27, 1931 (Address) 221 S. N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 29, 1931

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 Schroeder St

Spec.—1-30—M. & T.—250 Bks

64795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64795

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Pearl ST. 4-25 WARD)

2-FULL NAME John Maggio

(a) RESIDENCE No. 211 Pearl ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] mos. [redacted] ds. How long in U. S., if of foreign birth? [redacted] mos. [redacted] ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Josephine Maggio

6 DATE OF BIRTH (month, day, and year) Oct 3, 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
70	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Fruit
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Domenico Maggio
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Rosaria Fondelli
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Domenico Maggio
(Address) 211 Pearl st

15 Filed JAN 29 1931 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1930 to Jan. 27, 1931, that I last saw h.....alive on Jan. 27, 1931, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis, Myocarditis, Nephritis.

(duration) 2 yrs. - mos - ds.

CONTRIBUTORY (Secondary) Acute Myocarditis.
(duration) - yrs. - mos. 3 ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? No. Date of --

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory & Clinical.

(Signed) Philibert Arrigan M. D.

, 19 (Address) 2942 East Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Frank V. Pipitone — ADDRESS 281 S. E. Baltimore st

Spec.—1-30—M. & T.—250 Bks

E 64796

E 64796

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... ST. 6-11 WARD)

2-FULL NAME John Sisano

(a) RESIDENCE No. 156 N Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret Sisano

6 DATE OF BIRTH (month, day, and year) 4-8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	63	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Firm Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) ? Odd

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Italy

PARENTS

10 NAME OF FATHER Paul Sisano

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Italy

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Italy

14 Informant Mrs. J. ...
(Address) Baltimore City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 2-4-, 1928, to 1-27, 1931,

that I last saw h... alive on 1-27, 1931,

and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Generalized Arteriosclerosis

(duration) ..... yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fred M Dunkwall M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 31 1931

20 UNDERTAKER Frank V. Pipitone

ADDRESS 2818 E. Baltimore St

C. HANSON JONES M.
JAN 29 1931

Cor.—10-10-29—A Co.—100 Bks.

Josie M Fuller Fuller

E 64797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 64797

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2407-Etting St., 13 Ward) 59

2-FULL NAME Josie M Fuller

(a) RESIDENCE NO. 2407 Etting St., 13 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or ~~WIFE~~ of James Fuller

6 DATE OF BIRTH (month, day, and year) March 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41 42	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Anna Kelley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant James Fuller
(Address) 2407 Etting St

15 Filed ..... 19.. Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage
Of Heart
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John F Monroe M. D.

1/28/1931 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Odd Fellows Cemetery Catonsville Md.	Jan 31 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pressman St

Important: See instructions on back of certificate.

N 29 1931

Spec.—1-30—M. & T.—250 Bks.

E 64798 HEALTH DEPARTMENT—CITY OF BALTIMORE 09 E 64798

82

CERTIFICATE OF DEATH.

REGISTERED NO. 28-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Chapel Gate ST. ..... WARD)

2-FULL NAME Cora A. Claiborne

(a) RESIDENCE No. 506 Chapel Gate Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles H. Claiborne

6 DATE OF BIRTH (month, day, and year) March 15, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James F. Sadnum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah J. Frizzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles H. Claiborne
(Address) 506 Chapel Gate Lane

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1930, to Jan. 27, 1931, that I last saw her alive on Jan. 26, 1931, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ....yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Eugene L. Cronin M. D.

1.27, 1931 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 29 19

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

Spec.—1-30—M. & T.—250 Bks

E 64799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 64799

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Balto City Hospitals ST. ~~23-31~~ WARD)

2-FULL NAME Ellen Barnhardt

(a) RESIDENCE NO. 1009 S. Sharp ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Jan 2-1862

7 AGE: Years 69 Months 2 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Howard Co Md.

PARENTS

10 NAME OF FATHER: Wm H Barnhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md.

12 MAIDEN NAME OF MOTHER: Mary Jennie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Wm H. Williams
(Address) 1009 S. Sharp St.

15 Filed JAN 29 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-26-31

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 19 31, to 1-26, 19 31, that I last saw her alive on 1-26, 19 31, and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardio Vascular Disease
(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Pressure sore of Rt Shoulder
Bronchopneumonia (duration) 0 yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Kirk M.D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/29, 19 31

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 838 N Bride

Cor.—10-10-29—A Co.—100 Bks.

E 64800

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

E 64800

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1721 Westwood St. 15-21 Ward)

2-FULL NAME Chas H. Johnson

(a) RESIDENCE No. 1721 Westwood St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 - 1883

7 AGE Years 48 Months 7 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Hartford
(State or country) Conn

PARENTS

10 NAME OF FATHER William Johnson

11 BIRTHPLACE OF FATHER (city or town) Hartford
(State or country) Conn

12 MAIDEN NAME OF MOTHER Catherine Barnett

13 BIRTHPLACE OF MOTHER (city or town) Hartford
(State or country) Conn

14 Informant Harry Johnson
(Address) 1721 Westwood

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) few hrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible], M. D.

19 ..... (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Cem

DATE OF BURIAL 1/29 1931

20 UNDERTAKER Samuel Hensley

ADDRESS 578 [illegible]

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64801 93-003 E 64801

E 64801

CERTIFICATE OF DEATH

REGISTERED NO. 16-67

1—PLACE OF DEATH 3329 Gwynn Falls Parkway

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. " " " ST. WARD)

2—FULL NAME Susan Rebecca Litzinger

(a) RESIDENCE NO. 3329 Gwynn Falls Parkway WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): Feb 15, 1853

7 AGE: Years 77 Months 11 Days 12 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: James A. Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lydia E. Weddon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Lola Stephens
(Address): 3329 Gwynn Falls Parkway

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 27, 1931, that I last saw her alive on Jan 26, 1931 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis — ~~arteriosclerosis~~

(duration) about yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W S Hubbert, M. D.

Jan 28/31 (Address) 2225 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abingdon Md

DATE OF BURIAL: Jan. 29 1931

20 UNDERTAKER: Howard K McCleaver

ADDRESS: Abingdon Md

FEB 28 1931

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64802

93-003

E 64802

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Liberty Heights St. 15-63 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME M. Eugenie Jones

(a) RESIDENCE NO. 4008 Liberty Heights Ave. ST. . WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin L. Jones.

6 DATE OF BIRTH (month, day, and year): Nov. 28, 1849

7 AGE: Years 81 | Months 2 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Daniel C. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Blanche Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Edwin E. Jones
(Address) 4235 Walnut St. Phila Pa

15 Filed ....., 19.... .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 28 '31

17 I HEREBY CERTIFY. That I attended deceased from Jan. 22, 1931, to Jan. 28, 1931 that I last saw he alive on Jan. 27, 1931 and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) H. H. Slaughenhoup M. D.

1/29/1931 (Address) 714 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: Jan. 30 '31

20 UNDERTAKER: Wm. Beckner Son | ADDRESS: North Pa

Spec.—9-30—A. & Co.—250 m. E 64803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-09 E 64803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2569 Edmondson Ave. 69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Thomas R. Quimby

(a) RESIDENCE No. 2569 Edmondson Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther P. Quimby

6 DATE OF BIRTH (month, day, and year) Jan. 19, 1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Linotype Operator

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer Balto Sun

9 BIRTHPLACE (city or town) (State or country) Wilmington Del

PARENTS

10 NAME OF FATHER John Thos. Quimby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Jacobs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilmington Del

14 Informant Mrs Esther P. Quimby
(Address) 2569 Edmondson Ave.

15 Filed ..... 19.. H. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan. 27, 1931 that I last saw h alive on Jan. 27, 1931 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) O. G. Jones M. D.

28. 1931 (Address) 720 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS North Ave

Spec.—1-30—M. & T.—250 Bks.

E 64804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64804

72-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Guilford Ave ST., 17-50 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin H. Worrell

(a) RESIDENCE NO. 3202 Guilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline C Worrell

6 DATE OF BIRTH (month, day, and year) Mar. 24, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 yrs.

(c) Name of employer

9 BIRTHPLACE (city or town) Chestertown
(State or country) Md.

PARENTS

10 NAME OF FATHER Dr. Fred L. Worrell

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Houston

13 BIRTHPLACE OF MOTHER (city or town) Lancaster Co
(State or country) Pa

14 Informant Mr Claude Worrell
(Address) 3202 Guilford Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 1930, to Jan 27th, 1931, that I last saw him alive on Jan 27th, 1931, and that death occurred, on the date stated above, at 6-15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, at lower lobe

(duration) ..... yrs. ..... mos 13 da.

CONTRIBUTORY (Secondary) Chronic myocardial Endocarditis

(duration) 6 yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Lewis P. Tudor, M. D.

Jan 27 1931 (Address) 300 E. 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Md.

DATE OF BURIAL Jan 29 1931

20 UNDERTAKER Wm Hickman Sons

ADDRESS North & Pa

Spec.—9-30—A. & Co.—250 Bks.

64805 HEALTH DEPARTMENT—CITY OF BALTIMORE 64805

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 36-40 93-003 REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... WARD)

2. FULL NAME Joseph J. Smith

(a) RESIDENCE NO. 3715 Belair Road ST., ... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Andy Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 19..... C. HAWSON JONES, M. D. Registrar

2 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-31

17 I HEREBY CERTIFY, That I attended deceased from 1-26-31, 19..., to 1-28-31, 19..., that I last saw him alive on 1-28-31, 19..., and that death occurred, on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:

Endocarditis, chronic
Myocarditis, chronic

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

1-28, 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 1/31/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 64806

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkins Aves ST. 70-21 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Jeffries

(a) RESIDENCE NO. 443 Augusta Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3rd 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bakers

(b) General nature of industry, business, or establishment in which employed (or employer) Cake

(c) Name of employer Capital Cake Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank J. Jeffries

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Mary Malloy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Margaret Boyle
(Address) 443 S. Augusta Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/31

17 I HEREBY CERTIFY, That I attended deceased from 1/23, 1931, to 1/28, 1931, that I last saw him alive on 1/28, 1931, and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows: Tuberculous Meningitis.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis over 2 yrs. over 3 mos. 7 ds.
(duration)

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical

(Signed) Robt Levin, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1/31/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

64807

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-003

E 64807

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (NO. Caroline & Chase ST. 9-46 WARD)

2-FULL NAME Mary E. Harrison

(a) RESIDENCE NO. 1707 Gorsuch Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of C. Frank Harrison.

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Bernard McKewen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. E. Frank Harrison
(Address) 1707 Gorsuch Ave

15 Filed JAN 29 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 28, 1931, that I last saw him alive on Jan 28, 1931, and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx
Intestines

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Jan 22, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. Mercurio M. D.

1/28, 1931 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Holy Redeemer Cemetery — DATE OF BURIAL Jan. 31, 1931

20 UNDERTAKER Henry Hoeck Sons, Inc. — ADDRESS 130 E. Eager St

Spec.—1-30—M. & T.—250 Bks.

E 64808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64808

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 916 N. Central Ave ST. 16-14 WARD)

2-FULL NAME James Mc Ginnity

(a) RESIDENCE NO. 916 N. Central Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) February 10 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER Henry Mc Ginnity
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md
12 MAIDEN NAME OF MOTHER Catherine M Schellenberg
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Miss Mary T. Mc Ginnity
(Address) 916 N. Central Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1930, to Jan 27, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 6 15 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) ..... yrs. 9 mos 15 ds.

CONTRIBUTORY (Secondary) Carbonic Acid Poisoning
(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Albert F. Levy, M. D.
1/30/31 (Address) 800 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Henry Hoch, Sons, Inc. — ADDRESS 1301 E. Eager St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64809

CERTIFICATE OF DEATH.

E 64809

108

28-64

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp STR. WARD)

2-FULL NAME Dr. Frank A. Sigrist

(a) RESIDENCE NO. 4409 Liberty Heights Avenue STR. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mrs. Helen Sigrist

6 DATE OF BIRTH (month, day, and year): Oct. 14, 1845

7 AGE: Years 35 | Months 3 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Doctor of Medicine

(b) General nature of industry, business, or establishment in which employed (or employer): Practice of Medicine

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kansas

PARENTS

10 NAME OF FATHER: John J. Sigrist Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Zanesville Ohio.

12 MAIDEN NAME OF MOTHER: Josephine Brauner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant: John J. Sigrist Jr.
(Address): Pikesville Md.

15 Filed ..... 19 ..... Registrar

JAN 29 1931 HENRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 1931, to 1/27, 1931, that I last saw him alive on 1/27, 1931, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Bilateral

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) Hjalmar S. Anderson, M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 1/30/ 1931

20 UNDERTAKER: Harry F. Witzke

ADDRESS: 4101 E Monument Ave.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64810

122-001

CERTIFICATE OF DEATH.

E 64810

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO. St. Agnes Hospital ST. 70-71 WARD)

2-FULL NAME John E. Anderson

(a) RESIDENCE NO. 327 Yale Ave ST. Irvington WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Virginia Anderson

6 DATE OF BIRTH (month, day, and year) Sept 10-1895

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Examiner

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer State of Maryland

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John T. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Shanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant Mrs. Virginia F. Anderson
(Address) 327 Yale Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-31

17 I HEREBY CERTIFY, That I attended deceased from 1-20, 19 31, to 1-26-, 19 31, that I last saw him alive on Jan. 26, 19 31, and that death occurred, on the date stated above, at 5-55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.
P. O. Uremia.
Cholecystitis.

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Under Sterilization

Did an operation precede death? yes. Date of 1/24/31

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Robt Reiner (Elmer) M. D.

19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan. 30 19 31
20 UNDERTAKER Harry S. Witzke, 4101	ADDRESS Edmondson Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64811

E 64811

107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pimlico Hospital

CITY OF BALTIMORE: (No. 4804 Park Heights Ave ST. 14-28 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Barnes Trimble

(a) RESIDENCE No. 1402 Hollins St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Annie E. (nee Williams)

6 DATE OF BIRTH (month, day, and year): June 5, 1848.

7 AGE: 82 Years; 7 Months; 22 Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James R. Trimble

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Cordelia Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Rhoda Hay,
(Address) 1402 Hollins St.

15 Filed ....., 19 ..... HARRY S. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Jan 27, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 12-30 a. m.

The CAUSE OF DEATH* was as follows:

Senility, asthenia

Sclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

Jan, 19 31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 1/29/31

20 UNDERTAKER: Harry A. Wright, 419

ADDRESS: Edmondson Ave.

Spec.—1-30—M. & T.—250 Bks

E 64812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64812

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 N. Wolfe ST. 7-13 WARD)

2-FULL NAME William M. Knight

(a) RESIDENCE NO. 936 N. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret M. Knight

6 DATE OF BIRTH (month, day, and year) ? ? 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Margaret M. Knight (wife)
(Address)

15 Filed N 30 1931, 19 H. LYDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-31

17 I HEREBY CERTIFY, That I attended deceased from 1-14, 1931, to 1-24, 1931, that I last saw h. alive on 1-24, 1931, and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam

(Signed) William Ray Perry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Jan 29, 1931

20 UNDERTAKER Wm. A. G. Elliott

ADDRESS 1725 Eastern Ave

Size—6-9-19—H. P. Co.—1000 Bks.

E 64813

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-00 E 64813

CERTIFICATE OF DEATH.

REGISTERED No. 2331

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1012 Punch alley ST. WARD

2-FULL NAME Raymond Bevans

(a) RESIDENCE No. 1012 Punch alley ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4/1881

7 AGE: Years 60 Months 9 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salm. pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Pauline Bevans
(Address) 925 Punch Alley

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 25, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) Charles D. Hinkel M. D.

Jan 26 1931 (Address) 714 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 1/29/31

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: S 139 Hampden

CHAS. H. JONES, JR.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64814

REGISTERED NO. E 64814
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 Eastern ave. ST. 26 WARD)

2 FULL NAME Mary B. Uhl.

(a) RESIDENCE NO. 5221 Eastern ave. ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Uhl.

6 DATE OF BIRTH (month, day, and year) Oct. 27 1890

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
40	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Andrew Dotterweich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Bobel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: George W. Uhl. Husband
(Address) 5221 Eastern ave.

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27th/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 —, 1929, to Jan 27 —, 1931 that I last saw her alive on Jan 26 —, 1931 and that death occurred, on the date stated above, at XI 20 a m.

The CAUSE OF DEATH* was as follows:
Pernicious anaemia.

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ____ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Microscopic blood findings

(Signed) Allen C. Burham M. D.

1-27 1931 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Jan 30th 1931

20 UNDERTAKER: Lilly & Zilan Inc.

ADDRESS: 4038 Woodland

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64815 93-003 E 64815

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Gen Hospital

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 2-4 WARD)

2—FULL NAME Rev. James A. Fletcher

(a) RESIDENCE NO. 2019 Gough ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Fletcher

6 DATE OF BIRTH (month, day, and year) 1/15/1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER John Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Emma Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Hospital Records.
(Address)

Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan 27, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

1. Myocarditis (with decompensation)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert J. Cromwell, M. D.

, 19 (Address) No. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Jan 30th 1931

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 403 S Wolfe St.

Spec.—9-30—A. & Co.—250 Bks.

E 64816

64816

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 820 S. Highland Ave ST 26 WARD) No. 1

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theresa Thanner

(a) RESIDENCE No 820 S. Highland Ave ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the Jacob Thanner

6 DATE OF BIRTH (month, day, and year) May 25 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: ? Stangel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Kreskein (Daughter)
(Address) 234 S. Conkling St.

15 Filed 19 M. C. JONES, M. D. Registrar

JAN 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27th/31

17 I HEREBY CERTIFY, That I attended deceased from January 22, 1931, to Jany 27th, 1931 that I last saw her alive on Jany 26, 1931 and that death occurred, on the date stated above, at 12 30 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl W. Olney M. D.

Jan 27, 1931 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Jan 30 1931

20 UNDERTAKER: Lilly & Geiler Inc. ADDRESS: 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks.

E 64817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64817

CERTIFICATE OF DEATH.

145-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Caroline & St. ST., 37 WARD

2-FULL NAME Marie Bailey

(a) RESIDENCE No. 348 S. Carlisle ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Calvin Bailey

6 DATE OF BIRTH (month, day, and year) April 26 1906

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Wachter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Betz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Wachter (Father)
(Address) 1018 Clinton St.

15 Filed JAN 28 1931, 19 ..... M. E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-23-31, 19..., to 1-27-31, 19...,

that I last saw her alive on 1-27-31, 19...,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pleuro Pneumonia
Disease Pericardis

(duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ...yrs. ...mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 1-24-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W B Kunduz, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Jan 31 1931

20 UNDERTAKER Lilly + Zeiler Inc. — ADDRESS 4035 S. Wolfe St.

Spec.—9-30—A. & Co.—250 Bks.

E 64818

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 64818

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Curley St. 6 WARD) 6611

2. FULL NAME Claude Charles Kuess Jr

(a) RESIDENCE No. 132 N. Curley St. 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2nd 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bakers Helper

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Claude E. Kuess.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Marie Gerlach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Claude E. Kuess Sr.
(Address) 132 N. Curley St.

15 Filed , 19 MC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 19 31 to Jan. 27, 19 31.

that I last saw he alive on Jan. 27, 19 31/

and that death occurred, on the date stated above, at 4 30 P. M.

The CAUSE OF DEATH* was as follows:

Influenza.

(Duration) - yrs. - mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia.

(duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? No. Date of --

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Philibert Artigiani M. D.

19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. — DATE OF BURIAL Jan 31 19 31

20 UNDERTAKER Lilly & Zeiler Inc — ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64819

53-002 E 64819

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2612 Tait ave ST 1-3 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Thekla M. Wolff

(a) RESIDENCE No. 2612 Tait Ave ST. 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 10th 1858

7 AGE 72 Years: 73 Months: 1 Days: 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ella Weis
(Address): 2612 Tait Ave

15 Filed ..... 19 ..... CHARLES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-10-30, 19..., to 1-28-31, 19...

that I last saw her alive on 1-28-31 11:25 am

and that death occurred, on the date stated above, at ~~8:30~~ a. m.

The CAUSE OF DEATH* was as follows:

arcinoma of the gall-bladder

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirm: Physical signs

(Signed) I. B. Bronushas, M. D.

1-29-31, 19... (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem.

DATE OF BURIAL: Jan 31st 1931

20 UNDERTAKER: Lilly + Zeiler Inc.

ADDRESS: 403 S. Wolfe St

CSI 67 NOV 7 1930

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

E 64820

E 64820

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 21-29 WARD)

2-FULL NAME Laurence W. Gibson

(a) RESIDENCE No 1117 W. Ostend ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8/1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Jennie Imhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant John J. Fahey
(Address) 1318 Light St

15 Filed ..... 192 ..... Registrar

JAN 29 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27.31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intracranial Hemorhage Fractured Skull
(Probably felled to ground during fight. Inquest to be held Jan 29/31)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [signature], M. D.
Coroner

19 Jan 29/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Balto.

DATE OF BURIAL 1/30 19 31

20 UNDERTAKER J. J. Faber & Sons

ADDRESS 1318 Light St

Cor.—10-10-29—A Co.—100 Bks.

64821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-09

64821

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp. St. 15-21 Ward)

2-FULL NAME Jesse Brockett

(a) RESIDENCE No. 1956 Walbrook St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E.

6 DATE OF BIRTH (month, day, and year): Mar 3-1861

7 AGE: Years 69 Months 10 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): O/S
(c) Name of employer: Eastern Shore md

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Annie E. Brockett
(Address): 1956 Walbrook

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Intestinal Obstruction caused by adhesions (duration) Sudden

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular,

(Signed) H. Leslie Pollitt, M. D.

Jan 28 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Jan 29 1931

20 UNDERTAKER: W M Courtson

ADDRESS: 2238 N mtb

Important. See instructions on back of certificate. DO NOT ASSIGN THE DEATH OR OCCUPATION in very

Spec.—9-30—A. & Co.—250 Bks.

E 64822

HEALTH DEPARTMENT—CITY OF BALTIMORE

64822

CERTIFICATE OF DEATH.

93000

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 225 E. 33d. St. ST 12-50 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victor A. Vizet

(a) RESIDENCE NO. 225 E. 33d 33 St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 60 yrs. mos ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise V. Vizet

6 DATE OF BIRTH (month, day, and year) Dec. 12 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Paris, France.

PARENTS

10 NAME OF FATHER Antonia Vizet

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Louise V. Vizet
(Address) 225 E. 33d. St

15 Filed JAN 29 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Jan 28, 1931 that I last saw him alive on Jan 28, 1931 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pressalysis Arteriosclerosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Decompensation

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. [illegible] M. D.

. 19 (Address) 1423 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL Jan. 30 1931

20 UNDERTAKER George W. Jenkins

ADDRESS 1737 E. Eager St

1-30—M. & T.—100 B—50L

E 64823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 64823

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Lakewood Ave ST., 7-10 WARD)

2-FULL NAME John O'Connor

(a) RESIDENCE No 515 N. Lakewood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth O'Connor

6 DATE OF BIRTH (month, day, and year) June 1/1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Crotty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John J. O'Connor
(Address) 2712 Jefferson St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Valvular Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Waller, M. D. Coroner

Jan. 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/30/31

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St

Spec.—2-29-28—L. F. S.—500 Bka.

E 64824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118 ✓ E 64824

REGISTERED NO. 25175

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General ~~Street~~ (WARD)

2—FULL NAME Dr. Charles Hill Brooke

(a) RESIDENCE NO. 3603 3rd St. Brooklyn, ST., Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Brooke.

6 DATE OF BIRTH (month, day, and year): Oct 19, 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Medical Doctor

(b) General nature of industry, business, or establishment in which employed (or employer): Osl

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Samuel L. Brooke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Laura Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Hospital Record.
(Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1931, to January 28, 1931, that I last saw him alive on January 28, 1931 and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Gastric Hemorrhage - Undetermined Origin

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert T. Carnwath, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

9 1931 C. HAMILTON JONES, M.

Spec.—1-30—M. & T.—250 Bks

244274

E 64825

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓6 46 E 64825

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-40 WARD)

2-FULL NAME Ida V Greet

(a) RESIDENCE NO. 3338 Elmore Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James G Greet

6 DATE OF BIRTH (month, day, and year) May 30-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md -
(State or country)

PARENTS

10 NAME OF FATHER Richard Benton

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Martha McClain

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Records -
(Address)

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 8 40 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma head of pancreas
Myocarditis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Exploratory Lapar. Hosp.

Did an operation precede death? yes Date of Jan 23, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I Ridgeway Trimble M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

97931

Cor.—10-10-29—A Co.—100 Bks.

E 64826

179-006

E 64826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St. 16-23 Ward)

2-FULL NAME Isabella Stinson Miles.

(a) RESIDENCE NO. 1323 Mosher St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 12-1909-

7 AGE: Years 21 Months 1 Days 17 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (City or town): Ewell
(State or country): Md.

PARENTS

10 NAME OF FATHER: Scott

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Isabella Dorsey

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Lucy Hartley
(Address): 1323 Mosher

15 Filed ..... 19..... C. ELMPSON JONES, M. D. Registrar

2 9 1931 By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident.
Death due to
Bichloride Mercury
Taken by mistake 14 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Jan 29 Joe Leick M. D.
(Address) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bush Park Cem. Howard Co. Md. DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: H. M. Snyder ADDRESS: Mt. Airy Md

Important! See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64827 X 186-001 E 64827

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Union Memorial Hospital

City of Baltimore: (No. ..... St., 12-49 Ward)

2-FULL NAME Willis Marbline Doran

(a) RESIDENCE NO. Randallstown, Md St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	20	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Apprentice Stone mason
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Balto Co. Maryland

PARENTS

10 NAME OF FATHER Frank W. Doran

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Daisie V. Marbline

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto Co. Md

14 Informant F. W. Doran
(Address) Randallstown, Md

15 Filed ..... 19 ..... Registrar

APR 29 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (conducted autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) I find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:
Internal Injuries from a fall (see reverse side for remarks)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

1/29/ 1931 (Address) 7632 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olive Cemetery	April 31 1931
20 UNDERTAKER	**ADDRESS**
P. Marbline Son	White Hall Md

Instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 64828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64828

CERTIFICATE OF DEATH

X 164-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) En route to University Hospital (Street) (Ward)

2-FULL NAME Frederick C. Grueninger

(a) RESIDENCE No. 211 Hazel Ave (Street) Lansdowne Md (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Grueninger

6 DATE OF BIRTH (month, day, and year) Feb 5-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Candy maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer E. H. Joslyn

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER J. H. Grueninger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Schultze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Emma Grueninger
(Address) 211 Hazel Ave Lansdowne Md

15 Filed ..... 192 ..... C. HUMPSON JONES, M. D. Registrar

9 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by illuminating gas. Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1352 James St

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Eugene Zeller, M. D.

(Signed) ..... Coroner

1/29, 1931 (Address) 1139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 2 1931

20 UNDERTAKER Howard K. McComas

ADDRESS Abingdon Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64829 118 E 64829

CERTIFICATE OF DEATH

REGISTERED NO. 24-33

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 651 E Clement ST., WARD)

2—FULL NAME Charles E Eaton

(a) RESIDENCE NO. 651 E Clement ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Eaton

6 DATE OF BIRTH (month, day, and year) 10/7/1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	2 3	27 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Graham Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do Not Know

12 MAIDEN NAME OF MOTHER Do Not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs W McLaughlin

(Address) 3911 Dulaney Pl

Filed 1931 G. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/31.

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 27, 1931, that I last saw him alive on Jan 27, 1931 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 6 hrs

CONTRIBUTORY (Secondary) Acute Gastritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Wheelock, M. D.

1/29 1931 (Address) 1279 Hilliard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL 1/30 1931

20 UNDERTAKER J J Raley & Son

ADDRESS 318 Light

Spec.—1-10-21—M&T—1500 Bks.

E 64830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64830

CERTIFICATE OF DEATH.

93-093

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 118 N. Fremont Ave. ST. 18-N WARD)

2-FULL NAME Michael J. Mc Carthy

(a) RESIDENCE NO. 118 N. Fremont Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July or August 1866

7 AGE 64 Years Months 6 Days ____ If LESS than 1 day, ____ hrs. or ____ min.

65

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Mc Carthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Madden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs M. Hessman
(Address) 118 N. Fremont Ave

15 Filed 2-9-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 27, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Henry Glassman, M. D.

Feb. 9, 1931 (Address) 2687 Westons Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/31 1931

20 UNDERTAKER H. Scrammgeson

ADDRESS 1136 Poplar Grove St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-001 ✓

E 64831

E 64831

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp St. 17-24 Ward)

2-FULL NAME Ella Snowden

(a) RESIDENCE NO. 746 Bradley St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 13-1881

7 AGE: Years 49 Months 7 Days 14 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Dowie
(State or country) md

PARENTS

10 NAME OF FATHER Wm West

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Laura Carroll

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Joe Snowden
(Address) 746 Bradley

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abscess of Tonsils

(duration) ..... yrs. ..... mos. Few days

CONTRIBUTORY (Secondary) Auto dilatation of heart

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D.

Jan 27 (Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem — DATE OF BURIAL 1/29 1931

20 UNDERTAKER Samuel Hensley — ADDRESS 578 N Balt

1931 C. HARRISON JONES, M.D. Registrar

NOTE—Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

64832

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-E 64832

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 255 W. Hoffman St. 24 WARD)

2. FULL NAME Sarah E. Bayard

(a) RESIDENCE No. 255 W. Hoffman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Bayard

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: 72 Years 71 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Potter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Matilda Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Susie Bailey
(Address) 2553 Madison Ave

15 Filed 2 9 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 27 31

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to Jan. 27, 1931 that I last saw he alive on July 21, 1931 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettetiger M. D.

19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL 1/30/31

20 UNDERTAKER: Samuel Hemsley — ADDRESS 578 N. Eutaw

Spec.—9-30—A. & Co.—250 Bks

E 64833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64833

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 1734 E. Chase ST. 713 WARD)

2. FULL NAME Millington B. Thomas

(a) RESIDENCE No. 1734 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther G. Thomas

6 DATE OF BIRTH (month, day, and year): June 5-1900

7 AGE: Years 30 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

663

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Esther G. Thomas
(Address) 1724 E. Chase St.

15 Filed 2 9 1931 19 ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Ja. 23, 1931, to Ja. 27, 1931, that I last saw him alive on Ja. 27, 1931, and that death occurred, on the date stated above, at 2-50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Wm. L. Perry M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockville N.Y.

DATE OF BURIAL: 1/30 1930

20 UNDERTAKER: Samuel D. Hemsley

ADDRESS 518 N. Eutaw

Spec.—9-30—A. & Co.—250 Bks.

E 64834 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64834

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Chelsea Terrace St.) 15-65 (Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida Miriam Pick

(a) RESIDENCE No. 2410 Chelsea Terrace ST. ..... WARD ..... (If non-residents give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Pick

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	–	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

PARENTS

10 NAME OF FATHER Emanuel J. Ritter

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Keller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co. (State or country) Maryland

14 Informant Miss Bessye L. Pick
(Address) 2410 Chelsea Terrace

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan., 1930, to Jan. 29, 1931, that I last saw her alive on Jan. 28, 1931, and that death occurred, on the date stated above, at 12.30 A. m. The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidore [illegible] Levy M. D.

Jan. 19 31 (Address) 3450 Auchentorcly Terrace
2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive Cemetery, Roslyn

DATE OF BURIAL Jan. 31 19 31

20 UNDERTAKER [illegible] Cook

ADDRESS 1003 West Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64835

108 E 64835

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 28-65 Ward)

2-FULL NAME Helen Davis

(a) RESIDENCE NO. 2304 W. Forrest Pk. Ave. St. _____ Ward _____
(Usual place of abode) Hillsdale, Md.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Davis

6 DATE OF BIRTH (month, day, and year) February 2, 1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Hillsdale
(State or country) Maryland

PARENTS
10 NAME OF FATHER Charles A. Rowzee
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Indiana
12 MAIDEN NAME OF MOTHER Nannie Heskett
13 BIRTHPLACE OF MOTHER (city or town) Harpers Ferry
(State or country) W. Va.

14 Informant Mr. Clyde Rowzee
(Address) 2525 Lauretta Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Two months pregnancy

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Callan, M. D.
(Coroner)

, 19 (Address) 508 E. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — Date of Burial Jan. 31, 31

20 UNDERTAKER Robert B. Cook — ADDRESS 1003 West Baltimore St.

FEB 1 1931 C. HARRY JONES, M.D.

Spec.—9-30—A. & Co.—250 Bks

E 64836 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64836

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Preston St. 11-19 WARD)

2 FULL NAME Perry E. Appleby

(a) RESIDENCE NO. 414 E. Preston ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dora Appleby

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Ellsworth Appleby

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Askins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mr. William E. Appleby
(Address) 2131 W. Baltimore St.

15 Filed 29 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to Jan. 28, 1931 that I last saw he alive on Jan. 28, 1931 and that death occurred, on the date stated above, at 10.20 A.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X Ray

(Signed) R. W. Isaacs M. D.

1/29 19 31 (Address) 2114 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 31 19 31

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bks

E 64837 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64837

CERTIFICATE OF DEATH.

54-005

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital St 18-24 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dorothy Lloyd

(a) RESIDENCE No. 1231 W. Fallsd St. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 12, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Dirschner Mary E. Derschner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 29, 1931 that I last saw her alive on Jan 28, 1931 and that death occurred, on the date stated above, at 8-30 a.m.

The CAUSE OF DEATH* was as follows:

Papillomata of larynx

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxiation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/28/31

Was there an autopsy? No

What test confirmed diagnosis? Pathology

(Signed) J. Leyko M. D.

29, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hereford Md

DATE OF BURIAL: Jan 31st 1931

20 UNDERTAKER: Joseph J Cook

ADDRESS: 1003 W Fallsd St

C. ELMER JONES, M.D.

APS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64838 × 36-001 ✓ E 64838

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carroll Loller

(a) RESIDENCE NO. Warren, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos. 23 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Loller

6 DATE OF BIRTH (month, day, and year): Aug 9, 1878

7 AGE: Years 52 Months 5 Days 20 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Samuel Loller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Congalse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Hospital record

(Address) .....

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

2 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 —, 1931, to Jan. 29, 1931, that I last saw him alive on Jan 29 —, 1931 and that death occurred, on the date stated above, at 4 55 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia ? Liver

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 9-8-30

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert V. Clemmitt, M. D.

..... 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hill Pond Md

DATE OF BURIAL: Jan 22 1931

20 UNDERTAKER: B. R. Bellows

ADDRESS: Hill Pond Md

Spec.—9-30—A. & Co.—250 Bks.

Dr Chatard 1300 N Calvert St

64839 HEALTH DEPARTMENT—CITY OF BALTIMORE 64839

CERTIFICATE OF DEATH.

93-003 27-52

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave ST. ..... WARD)

2. FULL NAME Georgiana Stuart

(a) RESIDENCE NO. 4301 Roland Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Stuart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Isabella Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Thos S. Tansey
(Address) 730 Munsey Bldg

15 Filed ....., 19 .....

C. HERBERT JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28th 1931

17
I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1931, to Jan 28th, 1931

That I last saw h.. alive on Jan 28th, 1931

and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
senility.

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Myocardial

(Signed) J. Chatard M. D.

Jan 27, 1931 (Address) 1300 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 1/30/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Eks

Dr. Sidner
4900 Belair Road

E 64840

HEALTH DEPARTMENT—CITY OF BALTIMORE

47-001 E 64840

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Ridgecroft Rd. WARD) 24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph M. Borrell

(a) RESIDENCE NO. 3814 Ridgecroft ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29 1879

7 AGE: Years 51 Months 1 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpet Layer
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Pablo M. Borrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba

12 MAIDEN NAME OF MOTHER Jane Gifford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Lillie M. Borrell
(Address) 3814 Ridgecroft Rd.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
NFA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 7th, 1931, to Jany 28, 1931 that I last saw him alive on Jany 27, 1931 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Laryngeal Carcinoma

(duration) yrs. 1 mos. 1 W.

CONTRIBUTORY (Secondary) Arthritis

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Schlosser M. D.

Jany 31 1931 (Address) 4900 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL Jan 31 1931

20 UNDERTAKER William Cook — ADDRESS 1217 St. Paul

FEB 9 1931

(Joseph W. Temples Dr.)

Spec. 6-9-19 H. P. Co.—1000 Bks.

E 64841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64841

CERTIFICATE OF DEATH.

X 154

1-PLACE OF DEATH Baltimore Eye, Ear, Throat Hosp. REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1214 Eutaw Place ST.: 11-24 WARD)

2-FULL NAME Eal Workman

(a) RESIDENCE. NO. Princess Ann, Md ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4 1884

7 AGE Years 46 Months 4 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va. Virginia

PARENTS

10 NAME OF FATHER Eliza Workman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Annie Lively
(Address) Princess Ann, Md.

15 Filed 2 9 1931 C. HAMPSON JONES, M. D. Registrar
By AHA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to Jan. 28, 1931, that I last saw him alive on Jan 28, 1931, and that death occurred, on the date stated above, at 10:10 P. m.

The CAUSE OF DEATH* was as follows: osteomyelitis of occipital and atlas bones and inflammation of cerebellum

(duration) yrs. 3½ mos. ds.

CONTRIBUTORY (Secondary) unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Princess Ann Md.

Did an operation precede death? yes Date of Dec. 24/30

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) [illegible] M. D.

, 19 (Address) 1908 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princess Anne Md DATE OF BURIAL 1/30/1931

20 UNDERTAKER F. B. Nippert ADDRESS 1300 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64842 — 131 — E 64842

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 920 St Paul St.

CITY OF BALTIMORE: (No. Residence ST. 11-15 WARD)

2-FULL NAME Ellen Durell Gilmor

(a) RESIDENCE NO. 920 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Albert Gilmor

6 DATE OF BIRTH (month, day, and year) June 16, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
77	48	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER Rufus Hills

11 BIRTHPLACE OF FATHER (city or town) Newburyport (State or country) Mass.

12 MAIDEN NAME OF MOTHER Anna Woodward

13 BIRTHPLACE OF MOTHER (city or town) Williamsport (State or country) Pa.

14 Informant Husband (Address) 920 St. Paul St.

15 Filed JAN 30 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1928, to Jan. 29, 1931, that I last saw her alive on Jan. 28, 1931, and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis + myocardial insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 2 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No specific tests.

(Signed) W. H. Eaman, M. D.

1-29, 1931 (Address) 1107 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1-31 1931

20 UNDERTAKER Henry W. Jenkins' Sons Co

ADDRESS Cathedral & Orchard

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64843 — 126 — E 64843

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2604 E. Balto ST. 6-10 WARD)

2—FULL NAME Joseph Ruth

(a) RESIDENCE (Usual place of abode) No. 2604 E. Balto. ST., ... WARD ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3/1859

7 AGE: Years 71 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Flour Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Francis Ruth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Mary J. Fertig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

Informant: Jos. Ruth

(Address) 2604 E. Balto

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 28, 1931, that I last saw him alive on Jan 28, 1931 and that death occurred, on the date stated above, at 10:10 A. m.

The CAUSE OF DEATH* was as follows: acute cardiac Dilatation.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) chronic nephritis + Cirrhosis ? 5 yrs.

arterio Sclerosis + Hypertension — 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy exam

(Signed) Louis F. Krumein, M. D.

, 19 (Address) 722 N. Hartwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: Jos. J. Kerr — ADDRESS: 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

64844

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-603

64844

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 O'Donnell St ST. 1-1 WARD)

2-FULL NAME Peter Staab

(a) RESIDENCE NO. 2836 O'Donnell St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4/1846

7 AGE: Years 84 Months 7 Days 24 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Cigar Manfg.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Staab

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Elizabeth Zimmerer
(Address) 2836 O'Donnell

15 Filed ....19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to 1/28, 1931, that I last saw him alive on 1/27, 1931, and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) Frank Lehrman, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: Geo. J. Herr — ADDRESS: 156 N. Luzerne

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64845

CERTIFICATE OF DEATH

108

E 64845

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: No. 2443 Francis St. 1623 (Ward)

2-FULL NAME Jerry Allen

(a) RESIDENCE NO. 2038 N Carey St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Allen

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	About 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Alabama

PARENTS

10 NAME OF FATHER Alabama

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) U

12 MAIDEN NAME OF MOTHER U

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) U

14 Informant Frank Fisher
(Address) 2442 Francis St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Morrison, M. D.

1-30 1931 (Address) 1832 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Jesse H. Redden

ADDRESS 436 N. Eutaw St

Important: See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

64846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64846

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hosp. 426

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ST. 40 WARD)

2-FULL NAME Viola Scruggs nee Adams

(a) RESIDENCE No. 746 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

Filed 30 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1931, to Jan. 29, 1931, that I last saw her alive on Jan. 29, 1931, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

1/29/1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 2/2/1931

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 D and Hill

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 64847 E 64847

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Brunt ST. 14-20 WARD)

2-FULL NAME Lottie Peace

(a) RESIDENCE NO. 1813 Brunt ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6 DATE OF BIRTH (month, day, and year): ? 1898

7 AGE: Years 32 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Thomas
(Address) 2320 Division St.

15 Filed JAN 30 1931, 19 RYL. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-28-30, 19 to 1-29-31, 19

that I last saw her alive on 1-28-31, 19

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis, diet, debility

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) F M Landon, M. D.

, 19 (Address) 524 Orill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond, Va.

DATE OF BURIAL: 2/1 1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 64848

CERTIFICATE OF DEATH

E 64848

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Druid Hill ST. 14-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William P. Clark

(a) RESIDENCE NO. 2218 Druid Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bachelor

6 DATE OF BIRTH (month, day, and year): Mch 4-1859

7 AGE: Years 71 Months 10 Days 25 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: U. S. Government

9 BIRTHPLACE (city or town) (State or country): Ryan Brook N. Y.

10 NAME OF FATHER: Peter Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ryanbrook N. Y.

12 MAIDEN NAME OF MOTHER: Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ryan Brook N. Y.

14 Informant: William P. Clark Nephew

(Address) 2218 Druid Hill Ave

15 Filed JAN 30 1931, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 29, 1931, that I last saw him alive on Jan 28, 1931, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Cerebral Hemorrhage)

Right Side Brain (duration) .... yrs. .... mos. 19 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis age +

Nephritis (duration) 2 yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Suspected

(Signed) William H Wright, M. D.

1/29, 1931 (Address) 1209 Possession

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon National Cemetery

DATE OF BURIAL: 1/31/1931

20 UNDERTAKER: Mrs George H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

A 64849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64849

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital Baltimore, Md. ST. 12-51 WARD)

2-FULL NAME Conrad Protzman

(a) RESIDENCE No. 168-48-92nd Rd., Jamaica, N.Y. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chief Steward
(b) General nature of industry, business, or establishment in which employed (or employer) Seaman
(c) Name of employer S.S. "Lancaster"

086

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS
10 NAME OF FATHER Conrad Protzman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Elizabeth Schege
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1931, to January 27, 1931, that I last saw him alive on January 27, 1931, and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as follows:
Tuberculosis, miliary, pulmonary acute
(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis
(duration) ..... yrs. ..... mos. 11 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Gordon A. Abbott, M. D.
1/27, 1931 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Hampden. — DATE OF BURIAL Jan. 30, 1931
20 UNDERTAKER E. LeRoy Stiffler, Inc — ADDRESS 125 E. Northway

RH Crell

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64850

CERTIFICATE OF DEATH

107-001

E 64850

REGISTERED NO. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 E 22nd ST. WARD)

2—FULL NAME Frances L. Chriswell

(a) RESIDENCE NO. 345 E. 22nd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

10 NAME OF FATHER Levi Christwell

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Albert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

Informant Mrs Elizabeth Kent
(Address) 1413 Beaumont Ave

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1931, to Jan 28, 1931, that I last saw her alive on Jan 27, 1931 and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Irwin Chaught, M. D.

Jan 28, 1931 (Address) 700 West Pr, Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pine Grove, Baltimore Co.	Jan 30, 1931
20 UNDERTAKER	ADDRESS
E. LeRoy Stiffler, Inc	125 E North Ave

Spec.—1-30—M. & T.—250 Bks

Ames

E 64851

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 64851

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1005 Lafayette ST. 18-26 WARD)

2-FULL NAME Mollie Ames

(a) RESIDENCE NO. 1005 Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mamie Johnson
(Address) 1005 Lafayette

15 Filed 1-31, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 28, 1931, that I last saw her alive on Jan 28, 1931, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) ....yrs. mos 3 da.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....da.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL 1-30 1931

ADDRESS 916 [illegible]

20 UNDERTAKER [illegible]

01931

Cor.—10-10-29—A Co.—100 Bks.

E 64852

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64852

CERTIFICATE OF DEATH

97-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 567 Oxford St. 17-24 Ward)

2-FULL NAME Jas Ballot

(a) RESIDENCE NO. 567 Oxford St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE: Years 50 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 870
(c) Name of employer: Pur

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant: Basil Brown
(Address): 692 Orchard

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry ..... (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Hetrick, M. D.

June 27 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 6-30 1931

20 UNDERTAKER: Leard Corey

ADDRESS: City

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

Durrington

HEALTH DEPARTMENT—CITY OF BALTIMORE

27-001 E/64853

E 64853 (Etta Durrington)

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Kernan Hosp. St. 17-26 Ward)

2-FULL NAME Etta Durrington

(a) RESIDENCE NO. 762 W Mulberry St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6-1914

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
16	15	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Thos Durrington

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Daps

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Catherine Durrington
(Address) 762 W Mulberry

15 Filed ....., 19.... ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock due to operation

(duration) Few days yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Caries of bone

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 24

Was there an autopsy? No Diagnosis

What test confirmed diagnosis? Regular

(Signed) H. C. Leuth M. D.

Jan 26 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Grand & Co

ADDRESS 706 Pennsylvania

Important: See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 64854

64854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Dolphin St. 17-24 WARD)

2. FULL NAME Carrie V. Good

(a) RESIDENCE NO. 500 N. Dolphin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Benj. Gross

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jane Small

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Josephine Dodson
(Address) 500 N. Dolphin

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 27, 1931 that I last saw h. alive on Jan 26 1931 4-30 P.M. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
with left hemiplegia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas. J. Kellar M. D.

(Address) 222 W. Monument

Jan 29 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lawn.

DATE OF BURIAL 1/30 1931

20 UNDERTAKER Samuel D. Newsby

ADDRESS 538 N. Bath

Spec.—9-30—A. & Co.—250 Bks.

E 64855

E 64855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E Baltimore ST.) 5-8 (WARD)

2. FULL NAME Bertha Silverman

(a) RESIDENCE NO. 810 E Baltimore ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Solomon

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 65 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Asher Silverman
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Esther Bronstein
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mr Isidore Silverman
(Address) 810 E Balt. st.

15 Filed ..... 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Jan 29, 1931, that I last saw her alive on Jan 29, 1931, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Acute L Ventr dilatation

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chron Myocarditis

(duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Baufin M. D.

1/29 1931 (Address) 2040 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern ave

DATE OF BURIAL: Jan 30 1931

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto st

Spec.—1-12-23—M&T—500 Blks.

E 64856

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 64856

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Ellamont ST. 7000 WARD)

2-FULL NAME Amelia Lackman (Ackman)

(a) RESIDENCE No. 201 Ellamont ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of John T. Ackman

6 DATE OF BIRTH (month, day, and year) .....

7 AGE 88 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER William Keith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Sarah Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co

14 Informant Joseph W. Lakeman
(Address) 201 Ellamont St

15 Filed ..... 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-1931

17 I HEREBY CERTIFY, That I attended deceased from 1-20-, 1931, to 1-27-, 1931, that I last saw her alive on 1-25, 1931 and that death occurred, on the date stated above, at 11:45 a m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Senile cardiovascular disease (duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1/27/31 (Address) Coor Ellington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Run Cemetery

DATE OF BURIAL Jan 30, 1931

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 322 N Schroeder St

Spec.—9-30—A. & Co.—250 Bks.

E 64857

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 64857

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 W Franklin St 18-26 WARD)

2 FULL NAME John H Mackey

(a) RESIDENCE NO. 1103 W Franklin St WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Alice Mackey

6 DATE OF BIRTH (month, day, and year) .....

7 AGE: Years 33 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saloon

(b) General nature of industry, business, or establishment in which employed (or employer): Rolling Steam Mills

(c) Name of employer: JC

9 BIRTHPLACE (city or town) (State or country): SC

PARENTS

10 NAME OF FATHER: John Mackey

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Clemmie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Winnsboro S. C.

14 Informant: Alice Mackey
(Address): 1103 W Franklin St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-27-, 1931, to 1-29-, 1931, that I last saw him alive on 1-28, 1931 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows: Lobar pneumonia

(duration) ..... yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H H Gattens M. D.

1/29/31 (Address) Goodwill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winnsboro, S. C.

DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

Spec.—0-30—A. & Co.—250 Bks.

64858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23V E 64858

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 26-11

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2. FULL NAME Gustave Hendericks

(a) RESIDENCE No. 515 N. Highland ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Hendericks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Drage

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed ....., 1931 H. SHOP NOSKEY Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1930, to Jan. 28, 1931

that I last saw him alive on Jan. 28, 1931

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

1-28-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL 1/31/31

20 UNDERTAKER George J. Roth Inc — ADDRESS 1735 Harford

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64859

CERTIFICATE OF DEATH

13 E 64859

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1754 Darley Ave. St. 8-45 WARD

2. FULL NAME Margaret Schneider

(a) RESIDENCE No. 1754 Darley Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip E. Schneider

6 DATE OF BIRTH (month, day, and year) 8/26/1864

7 AGE: 66 Years, 5 Months, 3 Days. If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Stegman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md

12 MAIDEN NAME OF MOTHER: Mary Kahlbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ernest Schneider
(Address) 1754 Darley Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from 12/17/ 1930, to 1/29/ 1931, that I last saw h. alive on 1/28/ 1931, and that death occurred, on the date stated above, at 1.55 a.m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis -
Chronic nephritis -
Arteriosclerotic gangrene
rt foot - (duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Toxaemia - (duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis -

(Signed) George Abner Bowden M. D.

1/30. 1931 - (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL 1/31/ 1931

20 UNDERTAKER: George J Roth Inc — ADDRESS 1755 Hope

Spec.—1-30—M. & T.—250 Bks.

Margaret P Graham

E 64860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64860

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 3300 St + Calvert ST., 9 47 WARD)

2-FULL NAME Mrs ~~Robert~~ Margaret P Graham

(a) RESIDENCE NO. 521 Chesnut Hill Ave ST., ... WARD Baltimore
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mr Robert L Graham

6 DATE OF BIRTH (month, day, and year) Dec [illegible] 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Christie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records.
(Address)

15 Filed JAN 30 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 28, 1931, that I last saw h. alive on Jan 28, 1931, and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Francis W Gluck M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 31st 1931

20 UNDERTAKER George Schilling + Sons ADDRESS 424 E Monument St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003E 64861

CERTIFICATE OF DEATH

E 64861

27-43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Pinewood Ave ST., ... WARD)

2-FULL NAME Alois Jirus

(a) RESIDENCE No 2926 Pinewood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Jirus

25-1866

6 DATE OF BIRTH (month, day, and year) Jan 24/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
See other side	68	0	4 ~~8~~	
~~side~~	~~65~~	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) 68
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Jirus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Pasouk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Frank Cvach
(Address) 1906 Ashland Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. J. H. Carter, M. D.
Coroner

Jan 29/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cat Hill

DATE OF BURIAL Feb 2 1931

20 UNDERTAKER Frank Cvach Sr 1906 Ashland Av

ADDRESS

JAN 1931 W. HARRY JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64862

CERTIFICATE OF DEATH.

27-55 50

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5809 Echelbert ST. (WARD)

2-FULL NAME Myrtle Little Davies

(a) RESIDENCE NO. 5809 Echelbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W | 5 Single, Married, ~~Widowed~~, or ~~Divorced~~; (write the word) Married

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ or) WIFE of W. T. Davies

6 DATE OF BIRTH (month, day, and year) April 6-1882

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

PARENTS

10 NAME OF FATHER John L Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Hortense Barathel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Sister Mrs E Little
(Address) 102 Stapleford Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from Dec-11, 1931, to Jan 29, 1931, that I last saw ~~her~~ alive on Dec 11, 1931, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma Breast, C Metastasis to liver

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis 1yr past op.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? Yes Date of 1 yr ago.

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Victor Richards, M. D.

1-29, 1931 (Address) 97 W. Centre.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jackson, Ohio

DATE OF BURIAL 1/30 1931

20 UNDERTAKER Harry H. Witzke

ADDRESS 410 Edmondson Ave

Spec.—1-30—M. & T.—250 Blks.

E 64863

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

E 64863

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1115 Williams ST. 24-33 WARD)

2-FULL NAME Baby boy Wible

(a) RESIDENCE NO. 1115 Williams ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1931

7 AGE — Years ..... Months ..... Days ..... If LESS than 1 day, 9 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Vernon Sneade Wible

11 BIRTHPLACE OF FATHER (city or town) Smiths Island (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lila Frances Somers

13 BIRTHPLACE OF MOTHER (city or town) Smiths Island (State or country) Maryland

14 Informant Mother
(Address) 1115 Williams St

15 Filed ..... 19 ..... CHARLES R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931 to Jan. 30, 1931, that I last saw him alive on Jan. 29, 1931, and that death occurred, on the date stated above, at 2 45 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. Alexander Morey, M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cherfield Md.

DATE OF BURIAL 1/30/31

20 UNDERTAKER .....

ADDRESS Cherfield Md.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64864

E 64864

106-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 - Bank St. Ward 34)

2-FULL NAME Leatha Gates

(a) RESIDENCE No. 1422 - Bank St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Levy Gates

6 DATE OF BIRTH (month, day, and year) 12-1-1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER James King

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lanham

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Susie M. Gates
(Address) 1422 - Bank St.

15 Filed 1931 H. LEE HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1931, to Jan 30th, 1931 that I last saw her alive on ....., 19.. and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Cancer

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Weisman M. D.

1-30, 1931 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL 1/2/31

20 UNDERTAKER George J. Mutty Inc. ADDRESS 1735 Hoffman

Spec.—1-30—M. & T.—250 Bks.

E 64865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64865

66-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lifian Memorial Hospital ST. 27-48 WARD

2-FULL NAME Mr Clarence Lehman

(a) RESIDENCE No. 6005 Park Rd Baltimore, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Mr Clarence Lehman

6 DATE OF BIRTH (month, day, and year) Sept 5 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) President of Linen Shop

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ky.

PARENTS

10 NAME OF FATHER Isaac Lehman

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Fannie Conrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Wife
(Address) 6005 Park Rd Baltimore Md

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1931, to Jan 29, 1931, that I last saw him alive on Jan 29, 1931, and that death occurred, on the date stated above, at 9:26 p.m.

The CAUSE OF DEATH* was as follows:

Goiter

(duration) ....yrs. mos ....ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 1-28-31

Was there an autopsy? no

What test confirmed diagnosis? Basal metabolism

(Signed) Francis N Gluck, M. D.

1/29/1931 (Address) Lifian Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebr. Cem.

DATE OF BURIAL 2/2/ 1931

20 UNDERTAKER Blair Sonneborn & Son

ADDRESS 1702 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 64866 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64866

CERTIFICATE OF DEATH.

REGISTERED NO. 15-65 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2603 Talbot Rd. ST. WARD)

2-FULL NAME Clara H. Bretzfelder

(a) RESIDENCE NO. 2603 Talbot Rd ST., WARD (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bretzfelder

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	79	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country) N.Y.

PARENTS

10 NAME OF FATHER Lehman Heilner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. D. Yelman
(Address) 2603 Talbot Rd

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1921, to Jan 29, 1931, that I last saw h alive on Jan 28, 1931, and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic Interstitial Nephritis
Cerebral Hemorrhage

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(duration) ....yrs. ....mos. 7 dys.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination & Laboratory

(Signed) J. A. Dorley, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 2/1/1931

20 UNDERTAKER David Sonneimer & Son

ADDRESS 1702 Eutaw Place

Spec.—9-30—A. & Co.—250 Eks

E 64867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64867

CERTIFICATE OF DEATH.

107-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4120 Walrad Ave ST. 20-21 WARD)

2-FULL NAME Elizabeth M. Fradum

(a) RESIDENCE No. Lutherville Heights ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 8 mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 25 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	8	2	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

cot

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Fred. Fradum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Albrecht

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Louise Fradum
(Address) Lutherville Heights Md

15 Filed ..... 19 ..... C. HUMPSON JONES, M. D. Registrar

JAN 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 27, 1931

that I last saw alive on Jan 27, 1931

and that death occurred, on the date stated above, at 9.05 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) M. A. Snell M. D.

(Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's, Druid Hill Park

DATE OF BURIAL: 1-30th 1931

20 UNDERTAKER: Mrs Chas A G Rohde 2327

ADDRESS: Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 64868

E 64868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. No-N WARD)

2-FULL NAME Antonio Barone

(a) RESIDENCE NO. 11 S. Conklin St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 24, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Casper Barone

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Merbile

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

Informant Casper Barone
(Address) 11 S. Conklin St

Filed ..... 19..... C. HARRISON JONES, M.D. Registrar

JAN 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 29, 1931, that I last saw him alive on Jan 29, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) ..... yrs. ..... mos 5 da.

CONTRIBUTORY (Secondary) Peritonsillar Abscess

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Incision of Peritonsillar Abscess Date of 1-29-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thyman G. Fell, M. D.

1/29 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 30 1931

20 UNDERTAKER	ADDRESS
M. W. E. Dippel Inc	37 S. Amity St

Spec.—1-30—M. & T.—250 Bks.

E 64869

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64869

108

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital Baltimore, Md.

CITY OF BALTIMORE: (No. _____ ST., 27-44 WARD)

2-FULL NAME William R. Owen

(a) RESIDENCE NO. 3106 Rueckert Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice E. Owen

6 DATE OF BIRTH (month, day, and year) April 17, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mate

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. "Marore"

086

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Richard Owen

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ula Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed N 30 1931, 19 C. HERBERT JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 24, 19 31, to January 28, 19 31, that I last saw him alive on January 28, 19 31, and that death occurred, on the date stated above, at 9:00 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) ....yrs. ....mos 10 ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. findings

(Signed) Gordon A. Abbott, M. D.

1/28, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cem. DATE OF BURIAL Jan 31 19 31

20 UNDERTAKER M. H. & Deppel Inc ADDRESS 37 S Amity

Spec.—9-30—A. & Co.—250 Bks.

E 64870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64870

82-001

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Lombard St. 2-4 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George J. Gilley

(a) RESIDENCE No. 1921 E. Lombard St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Gilley

6 DATE OF BIRTH (month, day, and year): Aug 14 1893

7 AGE: Years 37 Months 5 Days 14 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store Keeper.

(b) General nature of Industry, business, or establishment in which employed (or employer): N/S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Peter S. Gilley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Leitch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Wife
(Address): 1921 E. Lombard St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 28, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Meyer Jr. M. D.

1/28/31 (Address) 1520 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 31 1931

20 UNDERTAKER: M. W. E. Doppel Inc — ADDRESS: 372 Amity

Spec.—1-30—M. & T.—250 Bks.

E 64871 HEALTH DEPARTMENT—CITY OF BALTIMORE VE 64871

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1229 N. Bond ST. 813 WARD)

2-FULL NAME Anna M. Hubbard

(a) RESIDENCE NO. 1229 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. 22 ds. How long in U. S., if of foreign birth? Sep — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James H. Hubbard

6 DATE OF BIRTH (month, day, and year) Jan. 6 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Charles R. Rehbein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Bandell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mr James H. Hubbard
(Address) 1229 N. Bond St

15 Filed. 1931 19 C. H. DIXSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1930, to Jan 28, 1931, that I last saw her alive on Jan 28, 1931, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Chr. Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) do not know yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam, X Ray

(Signed) Thos R. Fraught, M. D.

1/29/31 19 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL February 2 1931

20 UNDERTAKER Yancey Hoch & Sons, Inc.

ADDRESS 301 E. Eager St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 ✓ E 64872

E 64872

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 W. Barre ST. 22-30 WARD)

2-FULL NAME Mildred Wilmore

(a) RESIDENCE No 520 W. Barre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robert Wilmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Beatrice How

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs B. Wilmore
(Address) 520 W. Barre St

15 Filed ..... 192 ..... Registrar

NOV 30 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Augustus Zellert, M. D. Coroner

1/30, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cem	Jan 31 1931
UNDERTAKER	ADDRESS
Joseph A Lively	1092 Mount St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64873

23 E 64873

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. 1724 WARD)

2. FULL NAME Evelyn Redmond (Miller) Brooks

(a) RESIDENCE NO. 1526 Wilmer Alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Purnell Brooks

6 DATE OF BIRTH (month, day, and year) Aug. 21, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jesse Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lavalia Gaskins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Jan. 27, 1931 that I last saw her alive on Jan. 27, 1931 and that death occurred, on the date stated above, at 5.45 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Tessier M. D.

1-28, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cem	2-3-31
Millbrook Cem	Jan 31, 1931
20 UNDERTAKER	ADDRESS
Joseph A Lively	1018 Mount St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64874 131 E 64874

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011- Ellerslyn ST. 8-17 WARD)

2-FULL NAME Hannah Cook

(a) RESIDENCE NO. 2011- Ellerslyn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Blackstone Va

PARENTS

10 NAME OF FATHER: Abraham Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John Cook (Address) 2011 Ellerslyn ave

15 Filed ....., 19.. JOHN C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 28, 1931, that I last saw h[illegible] alive on Jan 28, 1931 and that death occurred, on the date stated above, at 7:30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) L. U. Johnson, M. D.

, 19 (Address) 2329 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cemetery — DATE OF BURIAL: Jan 30 1931

20 UNDERTAKER: Wm. R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64875

93-003E 64875

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

91-29

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2. FULL NAME Emma Husband

(a) RESIDENCE No. ~~none~~ 91 9 Ryan St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Husband Unknown

6 DATE OF BIRTH (month, day, and year) ~~1854~~ 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 81	~~76~~			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Dorsey

11 BIRTHPLACE OF FATHER (city or town) Emmittsburg (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Dishire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Md~~ Pennsylvania

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from 3-17-29, 19..., to 1-29-31, 19...

that I last saw him alive on 1-29-31, 19...

and that death occurred, on the date stated above, at 3:30P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

1-30 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Jan. 30 19 31

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

ARCHIVES HARRY JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 64376

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64376

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Belnord ST. 17-10 WARD)

2-FULL NAME Taylor C. Evans

(a) RESIDENCE No. 627 N. Belnord Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz. C. Evans

6 DATE OF BIRTH (month, day, and year) Oct 10/1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 086

(b) General nature of industry, business, or establishment in which employed (or employer) City School

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Mitchell C. Aburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Crum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Taylor Evans
(Address) 627 N. Belnord Ave

15 Filed JAN 30 1931 19 C. HARRY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 22nd, 1931, to Jan 27th, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 4 30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Arterio Sclerosis
(duration) yrs. 18 mos ..... ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Fod, M. D.

19 (Address) 4700 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Jan 30/31 19

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-30—M. & T.—250 Bks.

E 64877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64877

11-002

CERTIFICATE OF DEATH.

13-20

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. North Ave. ST., ... WARD)

2-FULL NAME Margaret E. Reilly

(a) RESIDENCE No. 804 W, North Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 23rd. 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office Sect'y.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William P. Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary Byrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant James Reilly.
(Address) 804 W. North Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28th. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1931, to Jan. 28, 1931, that I last saw her alive on Jan 28, 1931, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY Coronary Embolism
(Secondary) (Pneumonia) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Obs. Examination

(Signed) J. T. Deaver, M. D.

1/29 1931 (Address) 904 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL Jan. 30 1931.

20 UNDERTAKER Chas. R. Evans & Son

ADDRESS 1018 Wm. & Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 64878

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

107 E 64878

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N. Calhoun St. ST. 19-27 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Hogan

(a) RESIDENCE No. 232 N. Calhoun St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Hogan

6 DATE OF BIRTH (month, day, and year) July 2, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Miner

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edw. Hagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Lannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Clara Maybry
(Address) 232 N. Calhoun St.

15 Filed JAN 30 1931 .19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29th 19 31

17 I HEREBY CERTIFY, That I attended deceased from January 25th, 31, to January 28, 19 31, that I last saw him alive on January 28, 19 31, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (bronchial)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Ed. Woodall M. D.

1/29, 1931 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudoun Mt. — DATE OF BURIAL 1/30 31

20 UNDERTAKER George Thos. Fulton — ADDRESS Fayette

Spec.—1-30—M. & T.—250 Bks

E 64879

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 64879

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Avon ave ST., 9-46 WARD)

2-FULL NAME Ella M. Smith

(a) RESIDENCE No. 3213 Avon ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of William Smith

6 DATE OF BIRTH (month, day, and year) aug - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER William Mackessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Geo. Thos. Dunn
(Address) 3213 Avon ave

15 Filed ..... 19..... Registrar

N 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan - 24, 19 31, to Jan 27 -, 19 31, that I last saw h~~er~~ alive on Jan - 27 -, 19 31, and that death occurred, on the date stated above, at 8 30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Compression (Coma)

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Paul A. Brosius M. D.

, 19 (Address) 125 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1/31 1931

20 UNDERTAKER J. A. Moran

ADDRESS 8 Balto St.

C. HOWARD JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64880

CERTIFICATE OF DEATH.

8 E 64880

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sydenham Hospital ST 27-49 WARD)

2-FULL NAME Lois Smith

(a) RESIDENCE NO. 4225 Greenmount Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept 16, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Spencer Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Virginia Jeff

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

Informant Mrs. V. Smith
(Address) 4225 Greenmount Av.

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 29, 1931, that I last saw her alive on Jan 29, 1931, and that death occurred, on the date stated above, at 1 10 p. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) 0 yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Complicating Encephalitis

(duration) 0 yrs. 0 mos. 21 ds.

18 Where was disease contracted if not at place of death? 4225 Greenmount Av.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination (Physical)

(Signed) J. Peter Meranske, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL 1/31/ 1931

20 UNDERTAKER J. J. Moran

ADDRESS 3000 E. Baltimore

Filed ..... 19 ..... Registrar

Spec.—1-30—M. & T.—250 Bks

E 64881

HEALTH DEPARTMENT—CITY OF BALTIMORE

0231

117-001 E 64881

CERTIFICATE OF DEATH.

REGISTERED NO. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home Infirmary

CITY OF BALTIMORE: (NO. North Broadway ST., 23 WARD)

2-FULL NAME Mr Edward Zimmerman

(a) RESIDENCE NO. 4926 Harford Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 1886

7 AGE: Years 44, Months 6, Days 13, If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John H. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Trantel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Black (Address) 4926 Harford Rd.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 29, 1931, that I last saw him alive on Jan 29, 1931, and that death occurred, on the date stated above, at 10:00 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer
Diffuse Peritonitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Chronic alcoholism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan. 8, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) James F. Haley M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/31/31

20 UNDERTAKER J. G. Moran

ADDRESS 3000 E. Baltimore

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 ✓ E 64882

E 64882

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount & Hollins Sts. St. 19-28 Ward)

2-FULL NAME Sr. Magdalen Immaculate Heart Costella

(a) RESIDENCE NO. Home of Good Shepherd St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1845

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	85	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Religious
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Costello

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Tully

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Ireland

14 Informant Home of Good Shepherd
(Address) Mount & Hollins

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29th 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1930, to Jan 29th, 1931, that I last saw he alive on Jan 29th, 1931, and that death occurred, on the date stated above, at 3 45 P.M.

The CAUSE OF DEATH* was as follows:
Bronchi Pneumonia
Senility
(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Nephritis
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted
if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? Sym & Autopsy
(Signed) J. A. Chatland, M. D.
Jan 30th, 1931 (Address) 30 W Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial 1/31 1931

20 UNDERTAKER J. J. Dabney & Sons — ADDRESS 1311 Light

C. H. HAYDEN JONES, M. D.
30 1931

Spec.—9-30—A. & Co.—250 Bks

E 64383

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 64383

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Falls Rd. St. 1357 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Myrtle McSherry

(a) RESIDENCE No. 4000 Falls Rd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Charles A. McSherry

6 DATE OF BIRTH (month, day, and year) July 27 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Union Bridge Md

PARENTS

10 NAME OF FATHER: James Keefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Theresa Brightwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Catherine Hooden
(Address) 4000 Falls Rd.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/31

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1929, to Jan. 28, 1931 that I last saw her alive on ....., 1931 and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) F. H. Martin M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 1/31/ 1931

20 UNDERTAKER: Horace F. Burgess

ADDRESS: 3631 Falls Rd.

Spec.—1-30—M. & T.—250 Bks.

NANCY LEE HARPER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64884

E 64884

CERTIFICATE OF DEATH.

121

REGISTERED NO. 27-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. WARD)

2-FULL NAME Nancy Lee Harper

(a) RESIDENCE NO. 1132 Roland Heights Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	28	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penna.

10 NAME OF FATHER John Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Pearl Vogt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mother (Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1930, to Jan. 29, 1931, that I last saw her alive on Jan. 29, 1931, and that death occurred, on the date stated above, at 4:25 p.m.

The CAUSE OF DEATH* was as follows:

Appendicitis acute with rupture and abscess formation.

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Intestinal Distruction

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of Dec. 26, 1930

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation. Autopsy

(Signed) Samuel McLanahan M. D.

Jan 29 1931 (Address) Union Mem. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hamden — DATE OF BURIAL Jan. 31-1931.

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Road

Spec.—1-12-23—M&T—500 Bks.

GEORGE ANDREW ENSOR

E 64885

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 64885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5610 Maffelat Ave ST. 27 WARD

REGISTERED NO. 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Andrew Ensor

(a) RESIDENCE NO. 5610 Maffelat Ave ST. 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy

6 DATE OF BIRTH (month, day, and year): May 26 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer): retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Forest Glen Md

PARENTS

10 NAME OF FATHER: George Tuffet Ensor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Martha A. Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Samuel J. Ensor

(Address): 5610 Maffelat Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1931

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to July 30, 1931, that I last saw he alive on July 28, 1931, and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Enlarged Heart

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) William J. Todd, M. D.

, 19 (Address) 2217 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Falls Road Chapel, Balto. Co.

DATE OF BURIAL: Feb. 1 1931.

20 UNDERTAKER: Horace F. Burgee

ADDRESS: 331 Falls Road

Spec.—9-30—A. & Co.—250 Bks.

E 64886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64886

CERTIFICATE OF DEATH.

108

1. PLACE OF DEATH Baltimore City Hospitals

15-59

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2. FULL NAME Ernest Brown

(a) RESIDENCE NO. 2232 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Brown

6 DATE OF BIRTH (month, day, and year) April 22, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Anna Arundle Co. Md.

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anna Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Agnes Creek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anna Arundel Co. Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 01931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from 1-26-31, 19..., to 1-29-31, 19... that I last saw him alive on 1-29-31, 19... and that death occurred, on the date stated above, at 12:40P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What confirmed diagnosis? clinical exam.

(Signed) Paul Padget, M. D.

1-30 1931. (Address) Balto. City Hosp.

*Give the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calary Cemtery

DATE OF BURIAL 1/30 1931

20 UNDERTAKER Geo. T. H. Gelson

ADDRESS 1735 Druid Hill Ave

Cor.—10-10-29—A Co.—100 Bks.

E 64887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 64887

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 812 Hanover St. St. 22-31 Ward)

2-FULL NAME William Mc Clean.(C)

(a) RESIDENCE NO. 812 Hanover St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 30, 1930

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	11	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Mc Clean.(C)

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Dora Waters.(C)

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore, Md.

14 Informant Dora Mc Clean.(C) mother.
(Address) 812 Hanover St.

15 Filed ....., 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

1/30/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemtery

20 UNDERTAKER Walter B. Griggs

DATE OF BURIAL 1/30 1931

ADDRESS 139 W Hamley St.

Spec.—9-30—A. & Co.—250 Bks.

E 64888

E 64888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. 7-13 WARD)

2. FULL NAME Plato Washington

(a) RESIDENCE No. 1812 E. Eager st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Sanitary Co.

(c) Name of employer " "

9 BIRTHPLACE (city or town) Columbia
(State or country) S.C.

PARENTS

10 NAME OF FATHER Booker T. Washington

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S.C.

12 MAIDEN NAME OF MOTHER Agnes Barnes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S.C.

14 Informant Hospital Records
(Address)

15 Filed 1931, 19 C. HIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1930, to Jan. 28, 1931 that I last saw him alive on Jan. 28, 1931 and that death occurred, on the date stated above, at 10.50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

1-29 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia S. C. DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 64889 E 64889

CERTIFICATE OF DEATH

86-001

REGISTERED NO. 15-67

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Lynn Memorial Hospital St., Ward)

2-FULL NAME Walter E. Graham

(a) RESIDENCE NO. 1018 Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Fannie Graham

6 DATE OF BIRTH (month, day, and year) 1896.

7 AGE: Years 25 Months — Days [redacted] IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone
(b) General nature of industry, business, or establishment in which employed (or employer) Mason.
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edwin Graham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mulmous.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant Walter E. Graham
(Address) 3018 Wilbrook Ave

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Crushed Skull
Fall from scaffold.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn cem. DATE OF BURIAL: Feb 2, 1931

20 UNDERTAKER: Hornberger & Gross ADDRESS: Balto Md.

Spec.—9-30—A. & Co.—250 Bks.

64890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-08 64890

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 East 30th ST. 9-46 WARD)

2-FULL NAME ADELINE BISHOP MURPHY

(a) RESIDENCE NO. 1321 East 30th ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Murphy

6 DATE OF BIRTH (month, day, and year) June 19, 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George C. Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Adeline Hochodell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Martha E. Mears (Sister)
(Address) 1321 E. 30th Street

15 Rec'd JAN 30 1931 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 27, 1931

that I last saw h[illegible] alive on Jan 27, 1931

and that death occurred, on the date stated above, at 11.55 p.m.

The CAUSE OF DEATH* was as follows:

Influenza
Bronchio Pneumonia
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Pulm Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) Peter G. Geyer M. D.

. 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 31, 1931

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST. & BROADWAY.

1-30—M. & T.—100 B—50L

E 64891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003 ✓ E 64891

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST. ..... WARD .....)

2-FULL NAME Margaret Glynn

(a) RESIDENCE No 797 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE col | 5 Single, Married, Widowed, or Divorced (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 50 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.
Unknown

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) 187
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant .....
(Address) .....

15 Filed ..... 192 ..... Registrar

JAN 30 1931 NH

E MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Inquest death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. F. Brooke, M. D. Coroner

Jan 22 1931 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
S HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

JAN 30 1931

Commissioner Health.

Spec.—9-30—A. & Co.—250 Bks.

E 64892

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-03

E 64892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N Bruce St. Ward 46-2)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F Robinson

(a) RESIDENCE No. 1013 N Bruce St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Robinson

6 DATE OF BIRTH (month, day, and year) May 1868

7 AGE: Years 72 Months 8 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) O.T.O.

(c) Name of employer B & O R R

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louisa Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Ivy F Robinson (Address) 3720 14th St. Troy N.Y.

15 Filed ..... 19 ..... Registrar .....

JAN 20 1931 C. HERBERT JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1931, to Jan 30, 1931

that I last saw him alive on Jan 28, 1931

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Fecal Retention

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Edema

(duration) ..... yrs. 3 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H Tompkins M. D.

Jan 30, 1931 (Address) 1212 N Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — DATE OF BURIAL Feb 2 1931

20 UNDERTAKER Lawrence E Wright — ADDRESS 750 N Carrollton Ave

Spec.—9-30—A. & Co.—250 Bks.

64893

HEALTH DEPARTMENT—CITY OF BALTIMORE

64893

97

CERTIFICATE OF DEATH.

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 Washington Blvd (Street and number) Ward 29

2. FULL NAME Joseph Edward Burns

(a) RESIDENCE (No.) 1326 Washington Blvd (Usual place of abode) WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara L. Burns

6 DATE OF BIRTH (month, day, and year): April 8 1855

7 AGE: Years 75 Months 9 Days 22 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Black Smith

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: V. Railway

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: William Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Barbara L. Burns 1326 Washington Blvd

15 Filed 1931, 19.. C. HAMPSON JONES, M. D. Registrar

By AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 1931

17 I HEREBY CERTIFY, That I attended deceased from March 6 1928 to Jan 30 1931 that I last saw him alive on Jan 26 1931 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) D. B. Beyton M. D.

1/30 1931. (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cem

DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: Fos Foresdens Son

ADDRESS: 2173 B...

Spec.—0-30—A. & Co.—250 Bks.

E 64894

HEALTH DEPARTMENT—CITY OF BALTIMORE

64894

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 15-22 WARD .....

2. FULL NAME Richard Gantt

(a) RESIDENCE No. 1306 N. Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lena Gantt

6 DATE OF BIRTH (month, day, and year) July 10, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Charles Gantt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant ..... (Address) Records of Balto. City Hosp.

15 Filed ....., 19.... Registrar ..... NPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-31

17 I HEREBY CERTIFY, That I attended deceased from 5-17-30, 19.... to 1-28-31, 19.... that I last saw him alive on 1-28-31, 19.... and that death occurred, on the date stated above, at 11:40P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) More than 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

1-30, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Jan 31 1931

20 UNDERTAKER	ADDRESS
Sam'l W. Chase & Son	638 N. Fulton

1-30—M. & T.—100 B—50L

E 64895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64895

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1714 Druid Hill ST. (or) WARD 14-20

2-FULL NAME David Archer

(a) RESIDENCE NO. 1714 Druid Hill ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) 10
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER U.K.

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.K.

12 MAIDEN NAME OF MOTHER U.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Doris Turner
(Address) 1714 Druid Hill

15 Filed ..... 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Hurd Coroner, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National

DATE OF BURIAL Feb 3 1931

20 UNDERTAKER Samuel M. Chaney & Son

ADDRESS 3317 Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64896

93003 64896

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N. Charles ST. 11-15 WARD)

2-FULL NAME Hattie B. Foster

(a) RESIDENCE NO. 1017 N. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (~~write~~ the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Foster

6 DATE OF BIRTH (month, day, and year) Feby 18 1853

7 AGE 77 Years 11 Months 12 Days. If LESS than 1 day, ... hrs. or ..... min.

78

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Exeter N.H.

PARENTS

10 NAME OF FATHER George O. Dearborn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northampton N.H.

12 MAIDEN NAME OF MOTHER Sarah Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Exeter N.H.

14 Informant Annie F. Randolph
(Address) 1017 N. Charles St.

15 Filed JAN 30 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1927, to Jan 29, 1931, that I last saw h~~e~~ alive on Jan 29, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Degeneration

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis. Chronic cystitis - Pyelitis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Alma B. Lemmon, M. D.

1/30, 1931 (Address) 718 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Jan 30 1931

20 UNDERTAKER Henry Perkins & Son

ADDRESS Eutaw & Madison Ave

Spec.—1-12-23—M&T—500 Bks.

E 64897 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64897

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital 23-32 WARD

2-FULL NAME Donald L. Kent

(a) RESIDENCE No. 1750 Clarkson St., WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 10 1927

7 AGE: Years 3 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Brooklyn Md

PARENTS

10 NAME OF FATHER Robert Kent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary E. Bolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown Md

14 Informant Mary E. Kent
(Address) 1750 Clarkson St

15 Filed JAN 30 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1931, to 1-29, 1931, that I last saw him alive on 1-28, 1931 and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
following
Broncho Pneumonia
(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) A. F. Comey, M. D.

1-29 1931 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Jan 31 1930

20 UNDERTAKER: John R. Denny — ADDRESS: 715 Light St

1-30—M. & T.—100 B—501.

E 64898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64898

CERTIFICATE OF DEATH

92-001

19-27

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N Gilmor ST., ... WARD)

2-FULL NAME John Brayter

(a) RESIDENCE NO. 213 N Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Sallie Robinson

(Address) 1501 Saratoga St.

15 Filed ..... 192 C. HUMPSON JONES, M. D. Registrar

0 1931 1648

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos — ds.

CONTRIBUTORY (Secondary) Acc Lumbago

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G C Cayles Coroner, M. D.

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL Jan 31 1931

ADDRESS 111 S Eutaw St.

20 UNDERTAKER A Jones

Spec.—9-30—A. & Co.—250 Bks.

E 64899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64899

CERTIFICATE OF DEATH

9

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 - E. Eager Place WARD) 4

2 FULL NAME Mary Belli

(a) RESIDENCE No. 2407 - E. Eager Place ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-9-1929

7 AGE: Years 1 | Months 2 | Days 23 | If LESS than 1 day ..... hrs. or X min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albert Belli

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Vitoria Colandred

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Albert Belli
(Address): 2407 - Eager Place

15 Filed 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-31

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1931, to 1-30, 1931 that I last saw he alive on 1-29, 1931 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

whooping cough about 10 days —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Lamazo M. D.

1-30 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL 1/31/31

20 UNDERTAKER: George J. Rutty Inc — ADDRESS 1735 Harford

Registrar

Spec.—1-30—M. & T.—250 Bks.

E 64900 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64900

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Winston Ave 27-46 WARD)

2-FULL NAME Jane E. O'Donnell

(a) RESIDENCE NO. 701 Winston Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years: about 75 yrs. Months: Days: If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: David O'Donnell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. T. E. Kernan
(Address): 7 E. Winston Ave

15 Filed 1931 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 30. 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-17, 1931, to 1-30-, 1931,

that I last saw her alive on 1-29-, 1931,

and that death occurred, on the date stated above, at 6-15 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Wheeler, M. D.

19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Jan 31, 1931

20 UNDERTAKER: Elmer W. Cornelius

ADDRESS: 924 E. Eager St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64901

CERTIFICATE OF DEATH. X 47-002 64901

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST. 4-7 WARD)

2 FULL NAME Harriet Jenks Fort

(a) RESIDENCE NO. 6 Dalton Ave, Catonsville, Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Elliott City
(State or country) Howard Co, Md

PARENTS

10 NAME OF FATHER Samuel J. Fort

11 BIRTHPLACE OF FATHER (city or town) Burlington
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Caroline Wetherbee

13 BIRTHPLACE OF MOTHER (city or town) Fitchburg
(State or country) Mass

14 Informant Dr Wetherbee Fort
(Address) 20 E. Preston St.

15 Filed 0 1931, 19.. C. MARSHALL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-31

17 I HEREBY CERTIFY, That I attended deceased from Aug-31, 1930, to Jan 30, 1931 that I last saw her alive on Jan 30, 1931 and that death occurred, on the date stated above, at 5-15 m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Rt Lung

(duration) 1 yrs. 9 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pathological report

(Signed) Wetherbee Fort M. D.

19 (Address) 20 E. Preston St. Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Jan 31, 1931

20 UNDERTAKER John O. Mitchell Jones — ADDRESS Place Eutaw

Spec.—1-30—M. & T.—250 Bks

E 64902

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 64902

CERTIFICATE OF DEATH.

13-59

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Lennox ST., ... WARD)

2-FULL NAME Emma V. Courtenay

(a) RESIDENCE NO. 610 Lennox ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. D. B. Courtenay

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER ------- Dushane

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Maryland

12 MAIDEN NAME OF MOTHER --- Patterson

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Maryland

14 Informant Edw. H. Courtenay
(Address) 610 Lennox Street

15 Filed ....., 19.... RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 29, 1931, that I last saw h. alive on Jan 29, 1931, and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
with hemiplegia
(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas J. Keller, M. D.

1/30, 1931 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 1/29 1931

20 UNDERTAKER Henry W. Mears and Sons

ADDRESS 2 W. Calvert

FEB 1931

Spec.—1-30—M. & T.—250 Bks

E 64903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64903

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Old Frederick Road 26-71 (WARD)

2-FULL NAME Catherine C. Neville

(a) RESIDENCE No. 3910 Old Frederick Road St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ----
(State or country) Wisconsin

PARENTS

10 NAME OF FATHER Maurice Neville

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Walsh

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Joseph F. Neville
(Address) 3910 Old Frederick Road

C. HAMPSON JONES, M. D.

Filed 30 1931, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 19 31, to Jan 29, 19 31, that I last saw h alive on Jan 28, 19 31, and that death occurred, on the date stated above, at 6¹⁰ P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilitation, Myocarditis

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James H. Pilgrim M. D.

1/30, 19 31 (Address) 721 Mechanic Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/2 19 31

20 UNDERTAKER Henry W. Mears and Son

ADDRESS 805 N. Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 64904

CERTIFICATE OF DEATH.

REGISTERED NO. E 64904

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Dolphin ST. 17th WARD)

2-FULL NAME Catherine L. Frazier

(a) RESIDENCE. NO. 637 Dolphin ST., WARD. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Frazier

6 DATE OF BIRTH (month, day, and year): May 15, 1874

7 AGE: Years 56 Months 5 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): -
(c) Name of employer: -

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS
10 NAME OF FATHER: Adam Colbert
11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles Co. Md.
12 MAIDEN NAME OF MOTHER: Cecelia A. Contee
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm L. Colbert.
(Address): 637 Dolphin St

15 Filed: FEB 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1931

17 I HEREBY CERTIFY, That I attended deceased from December 9, 1930, to January 29, 1931, that I last saw h. alive on January 29, 1931, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart disease.

Chronic (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles T. Woodford M. D.

, 19 (Address) 1205 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan. 31 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 5303 Preston St

Spec.—9-30—A. & Co.—250 Bks.

64905 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64905

CERTIFICATE OF DEATH.

X 92-001

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... 21-31 WARD)

2. FULL NAME Claude Dexter

(a) RESIDENCE No. 923 S. Fremont Ave. ST., ... WARD ..... (If non-resident give city or town and State) Wash

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ..... ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe factory and chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer Salvation Army

9 BIRTHPLACE (city or town) Milwaukee (State or country) Wis.

PARENTS

10 NAME OF FATHER Lyman A. Dexter, Sr.

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Montana

12 MAIDEN NAME OF MOTHER Anna Knappmiller

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Wis.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 1-31 1931, 19 ..... Registrar RPN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-31

17 I HEREBY CERTIFY, That I attended deceased from 11-13-30, 19..., to 1-26-31, 19...

that I last saw him alive on 1-26-31, 19...

and that death occurred, on the date stated above, at 8:15 P.m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Subacute Bacterial (Endocarditis acute)

(Duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Endocarditis, chronic Rheumatic (duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

1-28 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/31 19 31

20 UNDERTAKER Fred'k. A. Cole

ADDRESS 1200 W Lombard St.

1-30—M. & T.—100 B—50L

E 64906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64906

CERTIFICATE OF DEATH

163-008

6-10

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. ..... WARD)

2-FULL NAME Clarence Armstrong

(a) RESIDENCE No 2110 Moyer ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Armstrong

6 DATE OF BIRTH (month, day, and year) June 1/1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mattress Mfg
(b) General nature of industry, business, or establishment in which employed (or employer) 64
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benj. Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER June Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ....., 192 ..... Registrar

PRN

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poisoning
Suicide
(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2110 Moyer St

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Demonstration of Merc

(Signed) J. N. Bates, Coroner, M. D.

Jan 30/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Jan 31 1931

20 UNDERTAKER John Uelrich

ADDRESS 2008 Orleans

1-30—M. & T.—100 B—50L

E 64907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64907

CERTIFICATE OF DEATH

167

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Pimlico Rd ST. 26-27 WARD)

2-FULL NAME Nelson Jollette

(a) RESIDENCE NO. 1701 Pimlico ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of N. Jollette

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) G.B.
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Frank Jollette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant G. A. Steppe

(Address) 1701 Pimlico Rd

15 Filed JAN 31 1931, 192 C. HUMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gun Shot of Head Revolver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Haemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Fissing Ex

(Signed) G. C. Glade, M. D. Coroner

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shenandoah Va

DATE OF BURIAL Jan 31 1931

20 UNDERTAKER John Ullrich

ADDRESS 2108 Allegany

Spec.—7-17-26—A Co.—200 Bks.

E 64908

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

E 64908

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 N. Duncan St. St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Mrowzynski no. 2

(a) RESIDENCE NO. 125 N. Duncan St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day 1 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) ohh
(r) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER W. J. Mrowzynski

11 BIRTHPLACE OF FATHER (City or town) Balt Md
(State or country)

12 MAIDEN NAME OF MOTHER H. R. Piechowski

13 BIRTHPLACE OF MOTHER (city or town) Balt Md
(State or country)

14 Informant W. J. Mrowzynski
(Address)

15 Filed 1-30 1931 C. HUMPSON JONES, M. D. Registrar
By RHA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/31 19

17 I HEREBY CERTIFY, That I attended deceased from 1/30/31, 19, to 1/30/31, 19,
that I last saw him alive on 1/30/31, 19,
and that death occurred, on the date stated above, at 4.10 A m.

The CAUSE OF DEATH* was as follows:

premature birth - maternal influenza

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted /
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J. Hellarius, M. D.
(Address) 2214 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. J. M. Mud Flood — Date of Burial 19

20 UNDERTAKER — ADDRESS

Very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 64909

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 64909

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 N. Duncan St. St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Krowzynski no. 1

(a) RESIDENCE NO. 125 N. Duncan St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day ..hrs. or ..min. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Albert J. Krowzynski

11 BIRTHPLACE OF FATHER (City or town) Balt. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Helen R. Piechowiak

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balt. Md.

14 Informant A. J. Krowzynski
(Address)

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/31 19

17 I HEREBY CERTIFY, That I attended deceased from 1/30/31, 19..., to 1/30/31, 19...,

that I last saw him alive on 1/30/31, 19...,

and that death occurred, on the date stated above, at 4.00 A m.

The CAUSE OF DEATH* was as follows:

premature birth - maternal influenza

(duration) ...yrs...mos...ds.

CONTRIBUTORY
(Secondary)

(duration) ...yrs...mos...ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J Hillard, M. D.

19 1/30/31 (Address) 2214 E Lafayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. of Md Medschool

Date of Burial 19

20 UNDERTAKER

ADDRESS

See instructions on back of certificates.

1031

Spec.—9-30—A. & Co.—250 BFs

64910 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-00064910

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1015 S. Linwood Ave St. 1-1 WARD)

REGISTERED No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna F. W. Jones

(a) RESIDENCE No. 1015 S. Linwood Ave ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert S. Jones

6 DATE OF BIRTH (month, day, and year) Dec. 25 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick H. Koehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wihl. Gehrken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Fred. H. Jones (Address) 1214 62d. St.

15 Filed ..... 19..... C. WILLIAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 '31

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Jan 28, 1931 that I last saw her alive on Jan 28, 1931 and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Francis Fisher M. D.

Jan. 29, 1931 (Address) 815 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Feb 1 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

FEB 1 1931 AKH

Spec.—8-16-29—L. F. S.—100 Blks.

Schafer

E 64911

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 64911

CERTIFICATE OF DEATH

REGISTERED NO. 24-314

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 E. Heath St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theodore A. Schafer

(a) RESIDENCE NO. 229 E. Heath St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 24 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Paul Schafer

11 BIRTHPLACE OF FATHER (city or town) Ger.
(State or country)

12 MAIDEN NAME OF MOTHER Antonie Rosenbo

13 BIRTHPLACE OF MOTHER (city or town) Ger
(State or country)

14 Informant Mr. Paul Schafer
(Address) 229 E. Heath St.

Filed 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 29, 1931, that I last saw him alive on Jan 27, 1931 and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/30 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 1/31 1931

20 UNDERTAKER J. Flew McCully

ADDRESS 130 E Front

Spec.—1-30—M. & T.—250 Bks.

E 64912 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64912

CERTIFICATE OF DEATH. X 107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 St., ... WARD)

2-FULL NAME Thomas G. Davis

(a) RESIDENCE NO. Edmondson Ave & Plymouth Rd St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Davis

6 DATE OF BIRTH (month, day, and year) July 5-1856

7 AGE: Years 74 Months 6 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Livestock Bus.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Davis Commission Co

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Milton S. Davis

11 BIRTHPLACE OF FATHER (City or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Mary Ford

13 BIRTHPLACE OF MOTHER (City or town) (State or country) W. Va.

14 Informant Albert S. Davis
(Address) 108 Shadyspring Ave Catonsville

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows: Cicatrical contracture of neck of bladder, following prostatectomy two years ago.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia, Broncho-pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 16, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. & Lab. Tests.

(Signed) George H. Yeager M. D.

1/30, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Feb. 2, 1931

UNDERTAKER Wm J. Fickner Sons

ADDRESS N. Y. Pa

Spec.—9-30—A. & Co.—250 Bks.

E 64913 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64913

CERTIFICATE OF DEATH.

106-001

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 454 E. Lorraine St. WARD) 12-50

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles Henry Miller

(a) RESIDENCE No. 454 E. Lorraine Ave St. WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabelle Miller

6 DATE OF BIRTH (month, day, and year): July 7, 1840

7 AGE: Years 90 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 25 yrs.

(c) Name of employer: Balto.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Anne Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs. Isabelle Miller 454 E. Lorraine Ave.

15 Filed JAN 31 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany. 11, 1931, to Jany. 28, 1931, that I last saw him alive on Jany. 27th, 1931, and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH was as follows*: Bronchitis together with Senility

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual symptoms

(Signed) Wm. J. Gillbursey M. D.

Jan 30 1931 (Address) 415 Cedar Croft Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Jan 31 31

20 UNDERTAKER: Wm. J. Reckenbach & Son ADDRESS: Monroe St.

Spec.—9-30—A. & Co.—250 Bks

64914 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

11-001 E 64914

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1729 Ellamont ST. 15-61 WARD

2. FULL NAME George M. Atwell

(a) RESIDENCE No. 1729 Ellamont ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. Atwell

6 DATE OF BIRTH (month, day, and year) May 14, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt.

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer Wolfe Bldg.

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. M. Atwell

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rosanna Metzger

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Louis H. Leingher
(Address) 1729 Ellamont St.

15 Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1931, to Jan 29, 1931 that I last saw him alive on Jan 28, 1931 and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

1 Bronchopneumonia (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Wyer Lamm M. D.

1/30 1931 (Address) 1 E Randall

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Feb 2 1931

20 UNDERTAKER Wm J. Pickner & Sons ADDRESS North & Pa

Cor.—10-10-29—A Co.—100 Bks.

E 64915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-081

E 64915

REGISTERED NO. 12751

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital Ward)

2-FULL NAME Donald Garrett Hafford

(a) RESIDENCE NO. 2918 Bernard St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 21 1929

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	2	0	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER Helen Celeste Hafford

13 BIRTHPLACE OF MOTHER (city or town) D.C.
(State or country) Md.

14 Informant Helen Celeste Hafford
(Address) 2918 Bernard St.

15 Filed ....., 19.. C. HUMPSON JONES, M. D. Registrar

APR 1 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot Wound of Abdomen

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Monnier, M. D.

Feb. 1, 19 31 (Address) 2672 Poplar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Feb. 2 1931

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS N. Pulaski

* Write answers on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 64916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64916

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 10 N. Pulaski ST., 20-64 WARD)

2-FULL NAME Catherine Hennemann

(a) RESIDENCE NO. 10 N. Pulaski ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 92 yrs. — mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, or Divorced~~ Widowed, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND OF~~ ~~OR~~ WIFE of August Hennemann

6 DATE OF BIRTH (month, day, and year) Jan. 20-1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	92	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Herself

069

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frank Dicker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Agnes Holtman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Mary P. Graham,
(Address) 10 N. Pulaski St.

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 29, 1931, that I last saw her alive on Jan 29, 1931, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Intestinal Nephritis

(duration) 2 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) H. A. Krech, M. D.

Jan 30, 1931. (Address) 4207 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Feby. 2, 1931.

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 924 E. Eager St.

Spec.—1-30—M. & T.—250 Bks

E 64917 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64917

106-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1045 W. Fayette St. St., 18-26 WARD)

2-FULL NAME John C. Boardley

(a) RESIDENCE No. 1045 W. Fayette St. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col.	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Virginia Boardley

6 DATE OF BIRTH (month, day, and year) Feb 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) 0T0
(c) Name of employer Louis Kraus

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

10 NAME OF FATHER Louis Kraus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louis Kraus

12 MAIDEN NAME OF MOTHER Louis Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louis Kraus

14 Informant Carrie Fetler
(Address) 1045 W. Fayette St

15 Filed Jan 1 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 31

17 I HEREBY CERTIFY, That I attended deceased from 1/1/31, 19..., to 29/1, 19 31, that I last saw him alive on 29/1, 19 31, and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
about five
(duration) ..... yr. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Respiratory Insufficiency
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home, Md.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Mansfield Doyle M. D.

1/1/ 19 31 (Address) 1047 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 1 19 31

ADDRESS 1 B.27 Round Hill

20 UNDERTAKER John N. Trader

Spec.—1-30—M. & T.—250 Bks

64918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64918

106-001

CERTIFICATE OF DEATH.

27-46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4662 Belair Road ST. ..... WARD)

2-FULL NAME J. HARMAN SCHONE

(a) RESIDENCE NO. 4662 Belair Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louise M. Schone

6 DATE OF BIRTH (month, day, and year) December 25, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	82	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman 061

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Schone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles B. Schone
(Address) 4662 Belair Road

15 Filed, 1 1931, 19 C. HUBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 20, 1931, to Jany 29, 1931, that I last saw him alive on Jany 29, 1931, and that death occurred, on the date stated above, at 12:05 A. m.

The CAUSE OF DEATH* was as follows: Hypostatic Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

1/30/1931 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Lutheran Cemetery

DATE OF BURIAL Feb. 1, 1931

20 UNDERTAKER Fred. Lassahn & Son

ADDRESS 7401 Belair Rd.

Spec.—1-30—M. & T.—250 Bks

240717
E 64919

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 64919

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 20-70 WARD)

2-FULL NAME Paul Smith

(a) RESIDENCE No. 503 Edgewood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 31-1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	0	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work B & O. R.R. '13
(b) General nature of industry, business, or establishment in which employed (or employer) Freight Dept.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Simon Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Sarah Miller
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 31 1931, 19 ..... A R H Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1930, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 12 2 A m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) uremia
(duration) ..... yrs. ..... mos. 30 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? yes.
What test confirmed diagnosis? urinalysis.
(Signed) John W Parsons, M. D.
, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsburg. Pa.
DATE OF BURIAL 2/1 1931

20 UNDERTAKER Wilbur W. Shriver
ADDRESS 4130 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks

E 64920 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64920

107-00

CERTIFICATE OF DEATH.

REGISTERED NO. 95-77

1-PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Fayette & Calhoun ST., ... WARD)

2-FULL NAME Marie Lorraine Holy

(a) RESIDENCE NO. 1518 Filbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of James F Holy

6 DATE OF BIRTH (month, day, and year) Jan. 24 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			7	

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work [redacted]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER James F Holy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland.

12 MAIDEN NAME OF MOTHER Fena Kozar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Maryland

14 Informant James F Holy
(Address) 1518 Filbert St

15 Filed Feb 1 1931, 19 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 31, 1931, that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 7 15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia
(aspiration)

(duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (Secondary) Harelip cleft palate

(duration) ..... yrs. ..... mos. 7 da.

18 Where was disease contracted if not at place of death? Franklin Square Hosp.

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Coparer Wells, M. D.

, 19 (Address) 524 E Pratt Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Jan. 31 1931

20 UNDERTAKER August Pasek

ADDRESS 2406 Ashland ave

Spec.—1-30—M. & T.—250 Bks.

E 64921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64921

23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 E. Madison ST., 1-13 WARD)

2-FULL NAME Thomas Lewis Powell

(a) RESIDENCE NO. 1529 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Powell

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineering

(b) General nature of industry, business, or establishment in which employed (or employer) Tribune Water Co.

(c) Name of employer John Storb

9 BIRTHPLACE (city or town) (State or country) Knox Co Tenn.

PARENTS

10 NAME OF FATHER Thomas L. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Aurelia Powell Murphy
(Address) 4134 Lafayette Park Pike Knoxville Tenn.

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/31

17 I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ Sept, 1930, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy & Effusion

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus · Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) R. J. Young, M. D.

1/31/1931 (Address) 14 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knoxville Tenn. | DATE OF BURIAL 2-1 1931

20 UNDERTAKER Byrne & Wright | ADDRESS 1218 McElderry

1-30—M. & T.—100 B—50L

Joseph Brown

107-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64922

CERTIFICATE OF DEATH

E 64922

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Bethel ST. 3-4 WARD)

2-FULL NAME Joseph Brown

(a) RESIDENCE No 315 S. Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Brown

6 DATE OF BIRTH (month, day, and year) Aug 23, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	41 43.	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone
(b) General nature of industry, business, or establishment in which employed (or employer) Cut
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Md

14 Informant Rachel Brown
(Address) 315 S. Bethel St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G. E. Gladden, M. D. Coroner

, 19 (Address) 413 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn Cem

DATE OF BURIAL Jan 31. 1931

20 UNDERTAKER Kendel & Appel

ADDRESS 3000 Eden St

Spec.—1-10-21—M&T—1500 Bks.

E 64923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64923

CERTIFICATE OF DEATH.

11-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Fawn St. ST., 35 WARD)

2-FULL NAME Rose Guarino

(a) RESIDENCE NO. 1005 Fawn St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Guarino

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE Years 81 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frank Guarino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Emma Lorenzi
(Address) 1005 Fawn St

15 Filed 1931 C. HUNTON JONES, M. D. 19 RHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1931, to Jan. 30, 1931, that I last saw her alive on Jan 29, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pessagno M. D.

1-31, 1931 (Address) 514 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 1931

20 UNDERTAKER Randall & Pippet

ADDRESS W. Eden

Spec.—2-29-28—L. F. S.—500 Bks.

E 64924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64924

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1726 Eastern Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adam Gregorowich

(a) RESIDENCE NO. 1726 Eastern ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): child

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 18-1930

AGE: Years — Months — Days 44 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Balto, Md.

10 NAME OF FATHER: Alex Gregorowich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Orlowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant: Alex Gregorowich

(Address) 1726 Eastern ave.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan-30, 1931, to Jan-30 1931 that I last saw him alive on January 30 1931 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

— (duration) — yrs. — mos. 44 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical signs and symptoms

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

JAN 30 1931

Spec.—12-1-25—A Co.—200 Bks.

E 64925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64925

159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2605 Hampden ave

REGISTERED NO.

City of BALTIMORE: No. St. 12-51 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Virginia Brewer

(a) RESIDENCE NO. 2605 Hampden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Am. White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1-29-31

7 AGE: Years | Months | Days | IF LESS than 1 day 5 hrs. or min.: Infant

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ood

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Connor Wilson Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Cornell County

12 MAIDEN NAME OF MOTHER: Bell

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore

14 Informant: Mother

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931: Jan. ~~30~~ 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931, to Jan 30, 1931, that I last saw her alive on Jan 29, 1931, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows: Premature birth 5/p months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What was confirmed diagnosis? Wrong

(Signed) [illegible], M. D.

, 19 (Address) 1525 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

Date of Burial: JAN 30 1931, 19

20 UNDERTAKER

ADDRESS

Commissioner Health

1931 54925

Per Wm. L. Hoffman

Spec.—9-30—A. & Co.—250 Bks.

64926 HEALTH DEPARTMENT—CITY OF BALTIMORE 64926

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Collington Ave ST. ..... WARD)

2. FULL NAME Anna Vomastek

(a) RESIDENCE No. 711 N. Collington Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Vomastek

6 DATE OF BIRTH (month, day, and year): July 31, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Simon Benesch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Charles Vomastek
(Address): 711 N. Collington Ave

15 Filed ..... 19 ..... Registrar

1 1931 APR 8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 29/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 30 to Jan 29, 1931 that I last saw he alive on Jan 29, 1931 and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH was as follows:

Uremia Regurgitation
Kidneys
Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Fever

(Signed) Fred Hufeld M. D.

(Address) 1-30-31 Fond Bulty Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: Frank Coach Son 1966 Eastern Ave — ADDRESS

Spec.—0 30—A & Co.—250 Bks.

Rev. 1945 M

64927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-ale 64927

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 E Madison St. 2-12 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dorothea Fluthea

(a) RESIDENCE No. 2603 E. Madison ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 51 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matthew Fluthea

6 DATE OF BIRTH (month, day, and year): .....

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: August Wilke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

14 Informant: Elsy Schumacher
(Address): 2603 E Madison St

15 Filed: 1 1931, 19 ..... Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 30, 1931

that I last saw her alive on Jan 30, 1931

and that death occurred, on the date stated above, at 6-30 A m.

The CAUSE OF DEATH* was as follows:

Septic sore throat

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Joseph Pokorny M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: Frank Crocker & Son — ADDRESS: 1906 Gilmanton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64928 E 64928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Whitelock ST., 13-59 9th WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Blondheim

(a) RESIDENCE No. 920 Whitelock ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred always yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Blondheim

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
1	66	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Simon Gronfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Schloss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. S. Blondheim
(Address): Selma Apts.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 29, 1931, that I last saw h.. alive on Jan 29, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Endocarditis
Coronary Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Angina Pectoris, Coronary Thrombosis

(duration) yrs. mos. 8 days

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Joseph Goodman, M. D.

, 19 (Address) 3201 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem.

DATE OF BURIAL: 2/1 1931

20 UNDERTAKER: David Sonneborn & Son

ADDRESS: 1902 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 64929

E 64929

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St., 1359 Ward)

2-FULL NAME Charles S. Greensfelder.

(a) RESIDENCE NO. 920 Whitelock St. Nelmar Apartments, D-2. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 22, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Guarantee Order Co.
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Simon Greensfelder

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Yetta Schloss.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany.

14 Informant Simon Blondheim. (brotherinlaw)
(Address) 920 Whitelock.

15 Filed ..... 19 ..... G. HAMILTON JONES, M. D. Registrar

JAN 1 1931 AKM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain, pistol shot wound of the head. Suicide

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? 17 E. Baltimore St. January 28, 1931.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt M. D.

1/30/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 2/1/ 1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1903 Eutaw Place

1-30—M. & T.—100 B—50L

E 64930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64930

210-403

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 12-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm D. Ashton

(a) RESIDENCE No 2222 Oak St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Dont Know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dont Know

7 AGE: Years: about 45 Not Known; Months: ; Days: ; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Geo Ashton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Baudey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Bessie Smith

(Address) 2222 Oak St.

15 Filed ..... 192 ..... Registrar

1-1-1939 HAMPTON JONES, JR.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down by a hit & run driver

(Duration) hrs. mos ds.

CONTRIBUTORY (Secondary) Fract Skull

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 25th & Clas

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. A. Frame, M. D., Coroner

1/21, 1930 (Address) 2939 W. Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Feb 1st 1931

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1723 Eastland Ave

Spec.—1-30—M. & T.—250 Bks

E 64931

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 82-004

E 64931

CERTIFICATE OF DEATH.

REGISTERED NO. 27-48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenwood Sanitorium ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelyn Smith Holden,

(a) RESIDENCE NO. 1607 Nineteenth St. Wash. DC ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus R. Holden

6 DATE OF BIRTH (month, day, and year) Mch 16. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68		10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. DC

PARENTS

10 NAME OF FATHER Francis H Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington Conn.

12 MAIDEN NAME OF MOTHER Anna Birch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middlebury Vermont.

14 Informant Augustus R. Holden

(Address) 1507 - 19th St Wash DC

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 19..., to 1/31, 19 31, that I last saw h.. alive on 1/31, 19 31, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Hypertension - L. Hemiplegia

Arteriosclerosis.

Malnutrition (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Hyatt, M. D.

, 19 (Address) 5806 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington DC

DATE OF BURIAL 2/1/31 19

20 UNDERTAKER Geo. W. Burchfield Isaac Birch

ADDRESS Wash. DC

Spec.—9-30—A. & Co.—250 Bks.

64932

HEALTH DEPARTMENT—CITY OF BALTIMORE

64932

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 E. Lafayette Ave. St. 12-19 Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma K. Comegys

(a) RESIDENCE No. 412 E. Lafayette Ave. St. ..... Ward ..... (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced, (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Comegys

6. DATE OF BIRTH (month, day, and year) 9/5/1860

7. AGE: 70 years; Months: 4; Days: 25; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10. NAME OF FATHER John W. Wharton

11. BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12. MAIDEN NAME OF MOTHER Eliza Craig

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia, Pa.

14. Informant Charles Comegys, husband, (Address) 412 E. Lafayette Ave.

15. Filed B 1-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/30/31

17. I HEREBY CERTIFY, That I attended deceased from 1/21/31, 19..., to 1/30/31, 19... that I last saw her alive on 1/30, 19 31 and that death occurred, on the date stated above, at ..... P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

12 hours (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. Frederick Hempel M. D.

1/31, 19 31, (Address) 3310 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Feb. 2. 1931

20. UNDERTAKER: Henry W. Marston — ADDRESS: 805 N. Calvert

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64933 82-001 E 64933

CERTIFICATE OF DEATH.

REGISTERED NO. C 27-55

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Charles St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lucy Belle Walzl

(Residence in Baltimore: No. Rogers & Green Spring Ave. City St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, March (Month) 20 (Day), 1857 (Year)

7-AGE, 73 yrs. 10 mos. 11 ds.

If LESS than 1 day, 4 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Benjamin Price

11-BIRTHPLACE OF FATHER (State or Country), Fairfax Co. Virginia

12-MAIDEN NAME OF MOTHER Sarah Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs N. G. Warner Niece

(Address) Lanerman Parks

15- FEB 1 - 1931 C. HAMILTON JONES, JR. Filed 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 31 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1930, to Jan 31 1931, that I saw her alive on Jan 31 1931, and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage before 3 had change of care Had another seizure Oct 23, 1930 (Duration) yrs. 3 mos. 14 ds.

CONTRIBUTORY (Secondary) Sub cerebral hemmorhage (Duration) 2 years about yrs. mos. ds.

(Signed) P. B. Bourdeau Jesco M. D.

Jan 31, 1931 (Address) 1315 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 0 mos. 22 ds. In the State 73 yrs. 10 mos. 11 ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Rogers & Green Spring

19-PLACE OF BURIAL, OR REMOVAL, Forest Ridge Cemetery DATE OF BURIAL 2/23/31

20-UNDERTAKER Stewart Hearn & Butler ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

E 64934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64934

CERTIFICATE OF DEATH

St Helena

1. PLACE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6570 St Helena Ave WARD) 26-31

2. FULL NAME Wildred Lucille Griffin

(a) RESIDENCE No. 6570 St Helena Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 14 1909

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
21	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte N.C.

PARENTS

10 NAME OF FATHER Robert L Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlotte N.C.

12 MAIDEN NAME OF MOTHER Etta S. Gribble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlotte N.C.

14 Informant Mrs Robert L Griffin
(Address) 6570 St Helena Ave

15 1-1931 R.J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Jan 31, 1931 that I last saw her alive on Jan 31, 1931 and that death occurred, on the date stated above, at 4 45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination.

(Signed) J. W. McCormick M. D.

1/4. 1931 (Address) Dundalk Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charlotte. N.C	2/1/31.

20 UNDERTAKER	ADDRESS
John F. Denny	Eight St.

1-30—M. & T.—100 B—50L

E 64935

Pronounced dead Balt City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 167

E 64935

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastern Ave & North Point ST., 16-37 WARD

2-FULL NAME William L. Muchlberger Sr.,

(a) RESIDENCE No 3024 52 Leadgate Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1900

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm. L. Muchlberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Tryla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Wm. L. Muchlberger

(Address) Eastern Ave & North Point

15 Filed ..... 192 ..... Registrar

1 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Gun shot wound of right temple

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Shock.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Eastern Ave & N. Point

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Exam

(Signed) Hence Grades, M. D. Coroner

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cub Run

DATE OF BURIAL Feb. 4 1931

20 UNDERTAKER Tilbert Tailor

ADDRESS 403 S. Wolfe st

Spec.—1-30—M. & T.—250 Bks.

E 64936

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-004

E 64936

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 West Baltimore Street ST. 70-28 WARD

2-FULL NAME George M. Berger

(a) RESIDENCE No. 1945 W. Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Elizabeth Berger

6 DATE OF BIRTH (month, day, and year) August, 1st 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	5	29		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Oriole Laundry

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George Berger

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Hahn

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Annie E. Berger
(Address) 1945 West Baltimore St.

Filed 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January, 30th. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 3rd, 1931, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate & Bladder

3 yrs. ..... mos ..... ds.
(duration)

CONTRIBUTORY (Secondary) Uraemia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of .....

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical.

(Signed) Stellar Henning, M. D.

1/31, 1931 (Address) 2000 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 2nd 1931

UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 64937

E 64937

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S Bethel ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Voelker

(a) RESIDENCE NO. 123 S. Bethel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Voelker

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
64		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant John Walker Jr.
(Address) 123 S. Bethel

Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931 to Jan 29, 1931 that I last saw him alive on Jan 28, 1931 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure
myocarditis, nephritis
2 (duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) 2 (duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical test

(Signed) Nathan J Hellgoth M. D.

Jan 31, 1931 (Address) 1525 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem

DATE OF BURIAL Feb. 2, 1931

20 UNDERTAKER Louis Siemann

ADDRESS 32 S Bond

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64938

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 64938

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Fair Oaks Ave ST., 27 ~~WARD~~) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Juers

(a) RESIDENCE NO. 5700 Fair Oaks Ave ST., 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of the late Lina Juers
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 30th 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85		×	×	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Juers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant J. Tony Beusteus
(Address) 5700 Fair Oaks Ave

Filed 1 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/31

17 I HEREBY CERTIFY, That I attended deceased from 1/1/31 19 to 1/30/31 19 that I last saw h alive on 1/30/31 19 and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows: Myocardial Degeneration

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Hartman M. D.

1/31/31 (Address) 2913 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cemetery

DATE OF BURIAL Feb 2 1931

20 UNDERTAKER Louis Hartman

ADDRESS 932 Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓

E 64939

CERTIFICATE OF DEATH

E 64939

REGISTERED NO. 1263

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3707 Chatham Road ST., (WARD)

2—FULL NAME Margaret Watson Powell

(a) RESIDENCE NO. 3707 Chatham Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~ Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Hanson R. Powell

7 DATE OF BIRTH (month, day, and year) July 16-1848

8 AGE Years 82 | Months 6 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Scotland

10 NAME OF FATHER James Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Reston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant Mrs. Geo. B. Felton

(Address) 3707 Chatham Road

Filed 1-1931, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 31, to Jan 30, 19 31, that I last saw h... alive on Jan 29 19 31 and that death occurred, on the date stated above, at 4 15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 1 year yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Matthew Clay M. D.

1/31, 19 31 (Address) 54 Stallman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lanvette Washington Co. Md. | DATE OF BURIAL Feb 1st 1931

20 UNDERTAKER Kertson & Jones E 1723 | ADDRESS W. Lafayette Ave

Spec.—9 30—A. & Co.—250 Bks.

Dr Eisenberg 2027 E. North Ave Wolf 7073

E 64940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64940

11-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1716 N. Chapel St 8-17 WARD)

2. FULL NAME Beulah M. Bobart

(a) RESIDENCE No. 1716 N. Chapel ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles C Bobart

6 DATE OF BIRTH (month, day, and ~~year~~): Sept 3rd 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Thos L Zieger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Chas C. Bobart
(Address) 1716 N. Chapel St

15 Filed 1-2-1931 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from January 28, 1931, to January 30, 1931

that I last saw her alive on January 30, 1931

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Albert Eisenberg M. D.

1/31/1931 (Address) 2015 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 2/3/1931

26 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Richardson 112 W 25th St Jun 1360

E 64941 HEALTH DEPARTMENT—CITY OF BALTIMORE 64941

CERTIFICATE OF DEATH.

X 82-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2801 Bernard St 17-51 WARD)

REGISTERED No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Blanche M. Carr

(a) RESIDENCE No. 2801 Bernard ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 Weeks How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Richard Carr

6 DATE OF BIRTH (month, day, and year) Jan 27th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Wilmington Del

PARENTS

10 NAME OF FATHER Albert Forks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Julia Silk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry P. Carr
(Address) 3231 Strickland St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 30, 1931 that I last saw her alive on Jan 30, 1931 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH was as follows:

Paralysis

Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Senility (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Leibrickson M.D.

Jan 30 31 (Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 2/2/19 31

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

FEB 1 1931 C. RAYMOND JONES, M.D.

Spec.—0-30—A. & Co.—250 Bks.

Dr Knickman 2002 W. Lexington St

E 64942

HEALTH DEPARTMENT—CITY OF BALTIMORE

Cit. 2237

E 64942

CERTIFICATE OF DEATH.

131 08

1. PLACE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2145 Walbrook Ave. WARD) 5-68

2. FULL NAME Thos. E. Rutley

(a) RESIDENCE No. 2145 Walbrook Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator 086

(b) General nature of industry, business, or establishment in which employed (or employer) Moving Picture

(c) Name of employer At Large

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Thomas E. Rutley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Lettia Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Mrs D. John
(Address) 2145 Walbrook Ave

15 Filed ..... 19 ..... H. HANCOCK JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug. 19 30, to Jan 30 19 31
that I last saw him alive on Jan 29 19 31
and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:
La Grippe & Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertrophy & Valvular Heart Dis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter E. Fridenberg M. D.
1/30. 19 31 (Address) 2002 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 2/2/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

R.C.M.

Spec.—9-30—A. & Co.—250 Bks.

Dr Hess 5600 York Rd ✓ Tax 1368

64943 HEALTH DEPARTMENT—CITY OF BALTIMORE 97 9/63 1943

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Tremont Rd ST. ..... WARD) 26-71

2. FULL NAME Katherine R. Farther

(a) RESIDENCE No. 15 S. Tremont Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23rd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Gottfried Farther

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Reif

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elmore Farther
(Address) 15 S. Tremont Rd

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1930, to Jan. 30, 1931 that I last saw him alive on Jan. 29, 1931 and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Aortic Sclerosis

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. C. Hess M. D.

1-30 1931 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Govans Presby Cemetery

DATE OF BURIAL: 2/2/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64944 131 E 64944

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 9-18 WARD)

2-FULL NAME Charles E. Snyder

(a) RESIDENCE NO 1132 E. North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10/1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	41	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plumber
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Christian Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Beuville

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Catherine Snyder
(Address) 1132 E. North Ave

15 Filed ..... 192 ..... Registrar

FEB 1 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
(Fatty liver-cardiac hypertrophy
Acute tumor of spleen)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) G. E. Wallace, M. D.
Coroner

19 (Address) 508 E. North Ave

Jan 30/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/2 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—9-30—A. & Co.—250 Bks. Volanick 3910 Woodbourne Ave 64945 Liberty 1972 Liberty 3935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64945

CERTIFICATE OF DEATH.

4710 Liberty Heights Ave

82-001

REGISTERED No. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Gwynn Oak Ave) STREET 28 WARD 7

2. FULL NAME Adeline R. Duff

(a) RESIDENCE No. 3911 Gwynn Oak Ave (Usual place of abode) WARD (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of John A Duff

6 DATE OF BIRTH (month, day, and year) Jan 27th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Robert Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary A Hudgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs James Armiger (Address) 3911 Gwynn Oak Ave

15 Filed 1-1-1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 30th 31, that I last saw her alive on Jan 28, 1931, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis cardiac disease

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) L. Volanick M. D.

19 (Address) 4710 Liberty Hts Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 2/2/1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr Walter Cox 54 S. Fulton Ave

Gilmer 4841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64946

E 64946

CERTIFICATE OF DEATH.

94-001

1. PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4503 Pennhurst Ave STREET WARD) 26-63

2. FULL NAME Wm Westenhofer

(a) RESIDENCE NO. 4503 Pennhurst Ave STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Lucy E. Westenhofer

6 DATE OF BIRTH (month, day and year) Dec 29th 1888

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
42	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Balto Gas Light Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank D Westenhofer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Debus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lucy E. Westenhofer
(Address) 4503 Pennhurst Ave

15 Filed Jan 31 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 31st 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 31, 1931 that I last saw him alive on Jan 31, 1931 and that death occurred, on the date stated above, at 9.15 a.m. The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Intermittent yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Walter Cox M. D.

Jan 31, 19 31 (Address) 54 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 2/3/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr. A. J. Davies 800 W. 33rd St. Tuin 0276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64947 E 64947

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W 33rd St. 9-47 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William Magnire

(a) RESIDENCE No. 804 W 33rd St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced, (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Magnire

6. DATE OF BIRTH (month, day, and year) Nov 29 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	2	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 6003

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Thomas Magnire

11. BIRTHPLACE OF FATHER (city or town) (State or country) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14. Informant Thomas E Magnire
(Address) 3114 Kentucky Ave

15. Filed ....., 19..... PJK. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 31, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 31, 1931 that I last saw him alive on Jan 31, 1931 and that death occurred, on the date stated above, at 3 45 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Arthur J Davies M. D.

1-31, 1931 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL N. D. National

DATE OF BURIAL 2/3 1931

20. UNDERTAKER J. H. Cobb

ADDRESS 1217 E. Pratt St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64948

131 ✓ E 64948

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1829 W. Mulberry ST., 70-27 WARD)

2—FULL NAME John C. Seim

(a) RESIDENCE NO. 1829 W. Mulberry ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Seim

6 DATE OF BIRTH (month, day, and year): Apr. 22. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: baker

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John C. Seim

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Seim
(Address): 1829 W. Mulberry St.

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Jan 30, 1931, that I last saw him alive on Jan 9, 1930 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary): Ch. Nephritis

(duration) ..... yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Percy O. McCeary, M. D.

1/30, 1931 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul Cemetery	Feb. 2, 1931
20 UNDERTAKER	ADDRESS
C V Kochmer	1532 Hollins St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53-004

E 64949

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 64949

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 10B. ST., 14-20 WARD)

2. FULL NAME Mortimer S. Heineman

(a) RESIDENCE NO. Marlborough Apts. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jennie S. Heineman

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Heineman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hennie Sonneborn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. B. Heineman
(Address) Marlborough Apts.

15 Filed ..... 19 ..... C. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 31, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1931, to Jan. 31, 1931, that I last saw him alive on Jan. 30, 1931; and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma - 12th dorsal -

(duration) ..... yrs. 2 mos 17 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? X'ray -

(Signed) Joseph W. Katzley, M. D.

, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem.

DATE OF BURIAL 2/2/ 1931

20 UNDERTAKER David Sonneheim & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

64950

✓ E 64950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2362 McCulloh ST. 13-54 WARD)

2. FULL NAME Sarah Leon

(a) RESIDENCE No. 2362 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Leon

6 DATE OF BIRTH (month, day, and year):

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: L. Leon
(Address) 1439 E. Baltimore St

15 Date: 1-2-1931 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/31/31

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930, to 1/31, 1931 that I last saw h[illegible] alive on 1/31, 1931 and that death occurred, on the date stated above, at 10:20 A. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Th

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Ab. Hornstein M. D.

2/1, 1931 (Address) 733 Augusta St

*State the Disease Causing Death, or Immediate Causes of Death from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel

DATE OF BURIAL: 2-1-1931

20 UNDERTAKER: Jos. L. Levin, 1439 E. Balto. St.

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

Zunikoff

HEALTH DEPARTMENT—CITY OF BALTIMORE

148-002

E 64951

E 64951

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Sentinel ST. 19-28 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rollie Zunikoff

(a) RESIDENCE NO. 537 S. Fulton Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

.a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Zunikoff

6 DATE OF BIRTH (month, day, and year) .....

7 AGE: Years 48 Months ..... Days ..... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Samuel —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bandi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Reuss

(Address) 1439 E. Baltimore St

15 Filed ..... 19 .....

To 1939 C. HUNTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/31

17 I HEREBY CERTIFY. That I attended deceased from 1/26, 1931, to 1/31, 1931, that I last saw her alive on 1/31, 1931 and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Embolism

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 1/22/31

Was there an autopsy? No Autopsy + Microscopic

What test confirmed diagnosis? Clinical

(Signed) H. Cushmeus, M. D.

, 19 (Address) West Baltimore Sentinel [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew

DATE OF BURIAL 2-1- 1931

20 UNDERTAKER Jacob Lewis

ADDRESS 1439 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64952 — 93-003 — E 64952

CERTIFICATE OF DEATH.

REGISTERED NO. 17-24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Oxford ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry L. Winslow

(a) RESIDENCE NO. 544 Oxford ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Johnson

6 DATE OF BIRTH (month, day, and year) Jan 29 - 1897

7 AGE: Years 34 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Henry Winslow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Annie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Milton Butler
(Address) 544 Oxford St

15 Filed 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1930, to 1-29, 1931, that I last saw him alive on 1-29, 1931, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. P. Hughes, M. D.

1/30, 1931 (Address) 825 N. Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb 2 1931

20 UNDERTAKER John W. Johnson

ADDRESS 2338 Madison Av

FOR IS VERY IMPORTANT. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64953

210-201

E 64953

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mud Hosp ST., 19-27 WARD)

2-FULL NAME Fred'k Jos Schreiber

(a) RESIDENCE NO 17 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 26 - 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	—	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Paper Bag Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Fred. Schreiber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Effie Bobbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Alton Schreiber
(Address) 17 N. Calhoun St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Left in which he was riding collided with another automobile & catching afire

A. ..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Burnt to death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Edmondson & Carey

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. A. Crane, M.D. Coroner

1/ 1931 (Address) 2939 Mt Elderey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Feb. 2 1931

20 UNDERTAKER George L. Schwartz — ADDRESS 2101 Eutaw Ave.

Spec.—1-30—M. & T.—250 Bks.

E 64954

E 64954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 E. University Parkway ST., 12-49 WARD)

2-FULL NAME Katherine McDevitt

(a) RESIDENCE NO. 220 E. University Parkway. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 2nd. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	5	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Edward McDevitt
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Elizabeth Morris
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Sarah McDevitt
(Address) 220 E. University Parkway.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31st. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1931, to Jan 31st, 1931, that I last saw her alive on Jan 31st, 1931, and that death occurred, on the date stated above, at 1050 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Influenza & Bronchpneumonia
(duration) ....yrs. ....mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George L. Cross, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. DATE OF BURIAL Feb. 3rd 19 31.

20 UNDERTAKER Chas F. Kraus & Son ADDRESS 118 W. Mt. Royal Ave.

Spec.—1-30—M. & T.—250 Bks

64955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-002

E 64955

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Bank St ST. 3-4 WARD)

2-FULL NAME Louise Mulzer

(a) RESIDENCE NO. 1410 Bank St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14/1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Andrew Mulzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs John A. Kratz
(Address) 201 N. Chester St

15 Filed JAN 31 1931 19 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/31

17 I HEREBY CERTIFY, That I attended deceased from Dec-3- 19 30, to Jan-31- 19 31, that I last saw her alive on Jan-20 19 31, and that death occurred, on the date stated above, at 8 45 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dis — Chronic Coronary Arteritis —

(duration) 2 yrs. mos da.

CONTRIBUTORY (Secondary) Cardiac - Block — Sudden —

(duration) yrs. mos. 1 hour

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? ✓

(Signed) Fred C Bonner, M. D.

, 19 (Address) 125 W Madison —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Feb 19 31

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64956

131

E 64956

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 E. Eager ST.; 712 WARD)

2-FULL NAME Josephine Lang

(a) RESIDENCE No. 2413 E. Eager ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lang

6 DATE OF BIRTH (month, day, and year) June 30/1891

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas. E. York

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Lanetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Lang
(Address) 2413 E. Eager

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Jan 29, 1931, that I last saw her alive on Jan 29, 1931, and that death occurred, on the date stated above, at 4:40 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis a (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) N. E. Reeves M. D.

Jan 31, 1931 (Address) 1301 N Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer Com. Md. Chase

DATE OF BURIAL Feb 1/31

20 UNDERTAKER Philip Henrig

ADDRESS 3009 Orleans St

FEB 1 1931 HARRY JONES, JR.

Spec.—9-30—A. & Co.—250 Bks

E 64957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64957

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6209 Baltimore ave. ST. 27-55 WARD .....

2. FULL NAME Walter C. West

(a) RESIDENCE No. 6209 Baltimore ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie R West

6 DATE OF BIRTH (month, day, and year) May 14 60

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) R.R. 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Vincent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Raymond Gerwig (Address) 6209 Baltimore

15 Filed ..... 19..... Reg/C ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 30, to Jan 29 19 31 that I last saw him alive on Jan 28 19 31 and that death occurred, on the date stated above, at 2:10 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. Weisig M. D.

..... 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Feb 2 1931

20 UNDERTAKER H Maurice Routson

ADDRESS 2238 N Mott

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64958 64958

CERTIFICATE OF DEATH.

82-001

1. PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 3217 Windsor av ST. 15-61 WARD)

2. FULL NAME Annie C. Le Vaux

(a) RESIDENCE NO 3217 Windsor av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 28 ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A. Le Vaux

6 DATE OF BIRTH (month, day, and year) Feb 2 57

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Martin Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Lracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Florence Le Vaux
(Address) 3217 Windsor ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 31

17 I HEREBY CERTIFY, That I attended deceased from 1/26/31, 19..., to 1/30/31, 19..., that I last saw he alive on 1/30/31, 19..., and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(Duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Cerebral Apoplexy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consult

(Signed) Bernard J. Terry M. D.

1/31/1931 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westernberg

DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: W. M. Houston

ADDRESS: 2238 N. Mott

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64959

E 64959

CERTIFICATE OF DEATH.

97-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 John ..... St. 14-20 ..... WARD)

2 FULL NAME Maurice H Robertson

(a) RESIDENCE No. 1716 John St ..... ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~F~~ M

4 COLOR OR RACE: W S

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 70

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Thomas B R.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Cordelia Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Margaret B Meakin
(Address): 1716 John St

15 Filed ....., 19.... P.G. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30/31

17 I HEREBY CERTIFY, That I attended deceased from at various times for the past 5 yrs

that I last saw her alive on June 30th, 19 31

and that death occurred, on the date stated above, at 3 P m

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Duration: Short time

CONTRIBUTORY (Secondary): Rheumatism (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Gorsuch M. D.

Jan. 1934 (Address) 1111 Druid Park St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: W M Houlton

ADDRESS: 223 N Mtk

Spec.—1-30—M. & T.—250 Bks.

E 64960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64960

CERTIFICATE OF DEATH.

59

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Ashburton ST., 15-68 WARD)

2-FULL NAME Caroline B. Cox

(a) RESIDENCE No. 1824 Ashburton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter A. Cox. Sr.

6 DATE OF BIRTH (month, day, and year) Oct. 3 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Singleton Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Wood.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Walter A. Cox Sr. (Address) 1824 Ashburton St.

15 Filed ....., 19..... Registrar

C. HARRY JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1930, to Jan. 30th, 1931, that I last saw her alive on Jan 30th, 1931, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

Diabetic gangrene

Senility (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

Terminal (duration) 2 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? None Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Myerly, M. D.

, 19 (Address) 3044 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2-2-1931

20 UNDERTAKER Josiah Syfer

ADDRESS 1600 W North Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64961

CERTIFICATE OF DEATH

122-002 / 64961

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 917 Argyle Av St. 7-24 Ward)

2-FULL NAME Alex Pipes

(a) RESIDENCE NO. 917 Argyle Av St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: 59 Years 58 Months ..... Days ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: Ind

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER: Gabriel Pipes

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Mikrum

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Jeanetta Pipes
(Address): 917 Argyle

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Bayne Jones, M. D.

June 24 1930 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Auburn Cemetery

DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: George T. A. Gibson

ADDRESS: 1735 Linden Avenue

Important. See instructions on back of certificate.

FEB 1 1931

Spec.—1-30—M. & T.—250 Bks

64962

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 64962

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 E. 30th ST. 9-46 WARD)

2-FULL NAME Amanda M. Healy

(a) RESIDENCE NO. 518 E. 30th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of James M. Healy

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Welch

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Williams

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Maryland

14 Informant Miss Lillie E. Kelly
(Address) 106 W. University Parkway

15 Filed FEB 1 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 8th, 1931, to July 30th, 1931, that I last saw h. alive on July 29th, 1931, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. D. Lightent, M. D.

(Address) 211 N. Gamble St.

1/31, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/2 1931

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert

1-30—M. & T.—100 B—50L

E 64963

✓ 64463

59

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 64963

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 3-4 WARD)

2-FULL NAME Emelia Abramczyk

(a) RESIDENCE No 2026 E. Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ignatius Abramczyk

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Walter Laskowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Husband
(Address) 2026 E. Lombard St

15 Filed 1 1931 C. HUMPHREY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Kaer, M. D. Coroner

Jan 31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Feb 3rd 19 31

DATE OF BURIAL

20 UNDERTAKER John M Weber

ADDRESS Fort Chester

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 64964

CERTIFICATE OF DEATH

E 64964

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH U.S. Marine Hospital

City of Baltimore: (No. ..... St., 16-69 Ward)

2-FULL NAME Alton H. Rafuse

(a) RESIDENCE NO. 2316 Edmondson ave St., Balto. Md Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 4, 1870

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
61		27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marine Captain
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer S.S. Cassimir

9 BIRTHPLACE (city or town) .....
(State or country) Nova Scotia

PARENTS

10 NAME OF FATHER Phillips Rafuse

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Emma Ernst

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Nova Scotia

14 Informant Records U.S. Marine Hospital
(Address)

15 Filed ..... 19..... [illegible] Registrar

1 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No, Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Neurocal to Sorbitol

(Signed) Eric Mossessian, M. D.

2/1, 1931 (Address) 3622 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bridgewater, Nova Scotia	Feb 1 1931
20 UNDERTAKER	ADDRESS
E. Le Roy Stiffler Inc.	125 E. North

important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

244585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64965

CERTIFICATE OF DEATH.

1-001 × 124 E 64965

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Carl Dresser

(a) RESIDENCE NO. 26 Pike St ST., WARD Bradford Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gloria Dresser.

6 DATE OF BIRTH (month, day, and year) Mar 27-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER S. R Dresser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Caroline Kirsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-1-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Feb 1, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

CIRRHOSIS of LIVER

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? YES

What test confirmed diagnosis? AUTOPSY

(Signed) John Howard, M. D.

2/1, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bradford Penna — DATE OF BURIAL Feb 1, 1931

20 UNDERTAKER John O. Mitchell & Sons — ADDRESS 19 W Centre Place

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64966

E 64966

CERTIFICATE OF DEATH

210-201

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mud Hosp ST. 70-27 WARD)

2-FULL NAME Jno C Hagen

(a) RESIDENCE No 1803 Parsons ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	6	10	8

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) W. E. Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jno G. Hagen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary A Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Jno C Hagen
(Address) 1803 Parsons

15 Filed 2 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was riding collided with another auto overturned & injured

(duration) yrs. mos. ds. Died to death

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Edmondson & Caton

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] Coroner, M. D.

2/1, 1931 (Address) 2332 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 2/2 1931

20 UNDERTAKER Inge & Farley Sutton

ADDRESS Fayette

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64967

E 64967

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-33 Ward)

2. FULL NAME John Maith

(a) RESIDENCE No. 36 E. Montgomery St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) April 18, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Booze Bros., Key Highway

9 BIRTHPLACE (city or town): Balto.
(State or country): Md.

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town): ?
(State or country): Va.

12 MAIDEN NAME OF MOTHER: Lottie Kendall

13 BIRTHPLACE OF MOTHER (city or town): Queen Ann Co.
(State or country): Md.

14 Informant: Hosp. Record
(Address)

15 Filed ....., 19.... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-31

17 I HEREBY CERTIFY, That I attended deceased from 12-10-30, 19..., to 1-29-31, 19..., that I last saw him alive on 1-29-31, 19..., and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podget M. D.

1-31 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: E. B. Hesler

ADDRESS: 115 E. West St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64968

CERTIFICATE OF DEATH.

97-001

E 64968

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 Portland St. 97-30 WARD)

2-FULL NAME Paul Boettger

(a) RESIDENCE NO. 667 Portland St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Boettger

6 DATE OF BIRTH (month, day, and year): Nov 6 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Gustav Boettger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katie Boettger
(Address): 667 Portland St.

15 Filed ....., 19.. PGK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Jan 31, 1931 that I last saw him alive on Jan 31, 1930 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis 5 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultatory Test

(Signed) J. M. Delcroft M. D.

Feb 1, 1931 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemy — DATE OF BURIAL: Feb 3 1931

20 UNDERTAKER: Jos Joosdens, Sec — ADDRESS: 2173 Pa.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64969

CERTIFICATE OF DEATH

93-003

E 64969

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1707 Riggs St. 16-22 Ward)

2-FULL NAME Susan Scott

(a) RESIDENCE NO. 1707 Riggs St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 62 Months ..... Days ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Mrs. Grey
(Address) 1707 Riggs St.

15a Filed ..... 19..... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest ..... (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Regular

(Signed) [illegible], M. D.

June 31 19 (Address) Boric

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 2-2 1931

20 UNDERTAKER: Dennis Easton

ADDRESS 916 Pa Ave

Important. See instructions on back of certificate.

B 2 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64970

CERTIFICATE OF DEATH

93-003

E 64970

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 910 E. Pine St. 17-24 Ward)

2-FULL NAME Harriet Johnson

(a) RESIDENCE NO. 910 E Pine St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem | 4 Color or Race Col | 5 Single, Married, Widowed or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unk

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE Years 59 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) Unk
(State or country)

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) Unk
(State or country)

14 Informant Thurlow Lucas
(Address) 1 E. 33d St.

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Hom

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Joseph Finch M. D.

19 (Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 10-2 1931

20 UNDERTAKER David Carlon

ADDRESS 916 Pine

important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 64971 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64971

CERTIFICATE OF DEATH.

93-0

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Milton Ave. ST. 12 WARD)

2. FULL NAME Grazia Michela Gianmarc

(a) RESIDENCE No. 717 N. Milton Ave. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-7-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or X min.
	26	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Calogero Gianmarc

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Colaiuni

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Interment: Frank Dello Joice
(Address): 717 N. Milton Ave

15 Filed 2 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 30, 1931 that I last saw her alive on Jan 29, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wilbur L. Catlidge M. D.

2/6/31, 19 (Address) 1038 W. Monday

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 2/2/31, 19

20 UNDERTAKER: George J. Potts Inc — ADDRESS 1735 Harford

Spec.—9-30—A. & Co.—250 Bks.

E 64972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64972

CERTIFICATE OF DEATH.

108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4314 Rokeby Road ST. 28-66 WARD)

2 FULL NAME Middleton J. Childs

(a) RESIDENCE No. 4314 Rokeby Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy Ford

6 DATE OF BIRTH (month, day, and year): May 2, 1892

7 AGE: Years 38 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Optometrist
(b) General nature of industry, business, or establishment in which employed (or employer): 086
(c) Name of employer: Hasty Co.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Richard J. Childs
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Matilda Hardwick
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: H. V. Childs
(Address): Ridley Park, Penna.

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 31 to Jan 31, 31 that I last saw him alive on Jan 31, 31 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary): Cardiac Respiratory Failure

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj. D. McCerry M. D.
Feb 3d 31 (Address) 400 N Parson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baldwin Memorial Cem. DATE OF BURIAL: Feb 2 19 31

20 UNDERTAKER: Millsville & Cockeysville ADDRESS: John O. Mitchell & Son 1900 Eutaw Place

C. H. JONES, M. D.
FEB 2 1931

Spec.—1-12-23—M&T—500 Blks.

E 64973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64973

CERTIFICATE OF DEATH.

REGISTERED NO. 27-447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Mainfield Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Le Roy Haskell Davenport.

(a) RESIDENCE NO. 4512 Mainfield Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 22 1923

7 AGE: Years 7 Months 3 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harrisburg Pa (State or country)

PARENTS

10 NAME OF FATHER Leroy H. Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Beulah B. Munson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill

14 Informant Leroy H. Davenport (Address) 4512 Mainfield Ave

15 Filed FEB 2 1931 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 1, 1931, that I last saw him alive on Feb 1, 1931 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia, fulminating acute (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) measles. (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Herbert [illegible], M. D.

2/1, 1931 (Address) 2020 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa DATE OF BURIAL Feb. 3. 1931

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 64974 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64974

CERTIFICATE OF DEATH.

11-001

16-64

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Presstman ST., ... WARD)

2-FULL NAME Annie L.O'Neal,

(a) RESIDENCE No. 2805 Presstman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alva D.O'Neal,

6 DATE OF BIRTH (month, day, and year) -----

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 048

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co.Md.

PARENTS

10 NAME OF FATHER John Daughton,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs John Long
(Address) Collingswood N.J.

15 FEB 2 1931 Filed ....19.... FCK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 1 1931

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1931, to Feb 1, 1931, that I last saw h.... alive on Feb 1, 1931, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ....yrs. ....mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. ....mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stuart Adam M. D.

Feb 1, 1931 (Address) 2805 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverview Cem Wilmington Del

DATE OF BURIAL FEB 4 1931

20 UNDERTAKER Geo W Little

ADDRESS 2706 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks

E 64975 24.4947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64975

107-091

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Dalrymple

(a) RESIDENCE NO. 406 N. Wolfe ST., St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 26th 1853

7 AGE: Years 80 Months 9 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. Good

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Dalrymple

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Agnes Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records – (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

C. HAMILTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 31 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Jan 31, 1931, that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 5 10 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) John A. Warfield, M. D.

2-1, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 2/3/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 64976

E 64976 HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

REGISTERED NO. 27744

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5109 Holder Ave ST., ... WARD)

2-FULL NAME Emma Porter

(a) RESIDENCE No. 5109 Holder Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	wh	m

5a If married, widowed, or divorced HUSBAND of or) WIFE of George J. Porter

6 DATE OF BIRTH (month, day and year) Sept. 24, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Turnbull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs Myrtle Stockham
(Address) 3507 Schodale ave.

15 Filed FEB 2 1931, 19 C. HAMILTON JONES Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January, 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 12, 1931 to Jany. 30, 1931, that I last saw her alive on Jany. 30, 1931, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis. Senility

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice L. Obanner M. D.

1/31, 1931 (Address) 3300 W. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 2/2, 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 64977

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-003

E 64977

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 804 Linetta ST., 25-20 WARD)

2-FULL NAME Dorothy M. Rembler

(a) RESIDENCE No. 804 Linetta ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jany. 7-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	0	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Ind
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Curtis Rembler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER M. Baumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Rembler.
(Address) 804 Linetta av

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac Strep. Infective Throat

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exposed

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Health Dept. Ex

(Signed) G. E. Slades, M. D. Coroner

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 2/2 1931

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fort.

FEB 2 1931

Spec.—8-16-29—L. F. S.—190 Bks.

Dulaney 82-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64978

CERTIFICATE OF DEATH

E 64978

REGISTERED NO. 24-33

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 200 E. Gitting St. ST. WARD)

2—FULL NAME Margaret E. Dulaney

(a) RESIDENCE NO. 200 E. Gitting St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph R. Dulany

6 DATE OF BIRTH (month, day, and year) June 29 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Georgeanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant R R Dulany
(Address) 200 E. Gitting St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Jan 31, 1931, that I last saw her alive on Jan 30, 1931 and that death occurred, on the date stated above, at 12 05 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) 0 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

Jan 31, 1931 (Address) 1314 Light St., Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 2/3 1931

ADDRESS 1308 Fort.

20 UNDERTAKER J. F. McCully

Spec.—1-30—M. & T.—250 Bks

Lillian Graves

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 64979

CERTIFICATE OF DEATH.

E 64979

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2147 N Eden ST. 3-8 WARD)

2-FULL NAME Lillian Graves

(a) RESIDENCE NO. 2147 N Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f

4 COLOR OR RACE: c

5 Single, Married, Widowed, or Divorced, (write the word): .....

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Jan 14 1927

7 AGE: Years 4 | Months ..... | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boy

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo Graves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maine Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marie Graves
(Address) 2147 N Eden St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1931, to Jan 30, 1931, that I last saw her alive on Jan 30, 1931, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) No history

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical

(Signed) Geo S Allen, M. D.

1-31 1931 (Address) 1 W Jamison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/3/31

ADDRESS .....

20 UNDERTAKER Robert W Williams 1516 W Lexington St

1931 ... JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 64980

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

CERTIFICATE OF DEATH.

E 64980

REGISTERED NO. 22-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

2-FULL NAME Edward H. McCammon

(a) RESIDENCE No. 1301 Patapsco St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emily McCammon

6 DATE OF BIRTH (month, day, and year) May 27, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer 034

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery store

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. McCammon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katie Stump

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Emily C. McCammon
(Address) 1301 Patapsco ave.

15 Filed FEB 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Acute left mastoiditis.

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Lateral sinus thrombosis, left

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Balto. Md {Jan. 14, 1931

Did an operation precede death? Yes Date of {Jan. 24, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical signs and symptoms and autopsy

(Signed) George G. Arnold Jr. M. D.

1-30. 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 2/2/31

20 UNDERTAKER Harry N. Mitzlee, 410

ADDRESS Edmondson Ave.

Spec.—1-30—M. & T.—250 Bks

E 64931 HEALTH DEPARTMENT—CITY OF BALTIMORE 46-002 E 64981

CERTIFICATE OF DEATH.

REGISTERED NO. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. 1518 Ramsay ST. (WARD)

2-FULL NAME Sarah R. Burke

(a) RESIDENCE NO. 1518 Ramsay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Burke

6 DATE OF BIRTH (month, day, and year) May 19-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jesse Grace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Lavey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Harry L. Burke
(Address) 1518 Ramsay St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 29, 1931, that I last saw h. alive on Jan 29, 1931, and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach — Strangulated Umbilical Hernia,

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) R. Helby Henning, M. D.

2/1, 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 2/2/31

20 UNDERTAKER Harry H. Witzke

ADDRESS 418 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

120-001

E 64982

E 64982

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Peter C. Maley

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm. C. Maley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sabina Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Filed FEB 2 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1931, to 2/1, 1931, that I last saw h alive on 1/31, 1931, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chr Entero Colitis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff, M. D.

(Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Feb 3 1931

20 UNDERTAKER Rita Mudefield

ADDRESS 914 Greenmount Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64983

108 E 64983

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1311 Woodley St. 15-23 (Ward)

2-FULL NAME Ottilie A. Dugan

(a) RESIDENCE NO. 1311 Woodley St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 Color or Race White | 5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29 1930

7 AGE Years | Months 1 | Days 2 | IF LESS than 1 day.... hrs. or .... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Jas Dugan

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Emma Mikey

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Emma Dugan
(Address) 1311 Woodley

15 Filed ..... 19 ..... Registrar

B 2 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Bacteriology

(Signed) H. E. Smith, M. D.

..... 19 (Address) Boric

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL 2-2 1931

20 UNDERTAKER Sam'l M. Case & Son | ADDRESS 638 N. G.

Important. See instructions on back of certificate. Place statement of OCCUPATION in very

Spec.—1-12-23—M&T—500 Bks.

64984

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

6-10

REGISTERED NO. E 64984

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N. Lakewood Ave. ST., WARD)

2-FULL NAME FRANK C. LINDNER

(a) RESIDENCE No. 404 N. Lakewood Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Lindner

6 DATE OF BIRTH (month, day, and year) May 21, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer A. Hoen & Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ferdinand Lindner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mr. Louis H. Lindner (Son)
(Address) 404 N. Lakewood Ave.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1930, to Feb. 1, 1931, that I last saw him alive on Jan. 31, 1931 and that death occurred, on the date stated above, at 2.30 a. m

The CAUSE OF DEATH* was as follows:

Hypertrophy Heart
" Prostrate
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia Chron.
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Meyer, M. D.
(Address) 1801 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb. 3 1931

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST & BROADWAY.

Spec.—1-30—M. & T.—250 Bks

Andrew R Bates

64985

HEALTH DEPARTMENT—CITY OF BALTIMORE

005 E 64985

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 100 N. Broadway ST. 26 WARD) 39

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew R. Bates

(a) RESIDENCE NO. 917 N. Gay Ave. ST., _____ WARD _____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Bates

6 DATE OF BIRTH (month, day, and year) Nov. 30-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Belford Pa.

PARENTS

10 NAME OF FATHER John Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belford Pa

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Belford

14 Informant Andrew R. Bates
(Address) 917 Frisian Avenue

15 Filed ..... 19 E. HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 31, 1931, that I last saw him alive on Jan. 31, 1931, and that death occurred, on the date stated above, at 4-50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate x chronic Nephritis

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) James L. Quiggs, M. D.

, 19 (Address) Church Home Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn.

DATE OF BURIAL Feb. 2 1931

ADDRESS 3000 E. Balto. St.

20 UNDERTAKER J. A. Moran

FEB 2 1931

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64986

CERTIFICATE OF DEATH.

E 64986

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 2908 Clifton Ave ST. 15-61 WARD

2-FULL NAME William Carroll Barry.

(a) RESIDENCE NO. 2908 Clifton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Barry

6 DATE OF BIRTH (month, day, and year): Feb 23 1893 1894

7 AGE: Years 37 Months 1 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): C & P Tel Co

(c) Name of employer: Balto Md

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Gibson Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: George W. Barry (Address) 2908 Clifton Ave

15 Filed ..... 19 ..... E. HERMAN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to 2-1-1931, that I last saw him alive on Jan. 31st 1931, and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows: Stenosis of mitral valve of heart, with decompensation

(duration) Several mos. yrs. ds.

CONTRIBUTORY (Secondary) X (duration) X yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms

(Signed) O. H. Hoffman M. D.

2/1 1931 (Address) 2500 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2-3 1931

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun & Hollins

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64987

82-001 E 64987.

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2521 E. Madison ST., 7-12 WARD)

2—FULL NAME Frederick Wrestland

(a) RESIDENCE NO. 2521 E Madison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Wrestland

6 DATE OF BIRTH (month, day, and year): April 20 1853

7 AGE: Years 77 | Months 9 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ger.

PARENTS

10 NAME OF FATHER: Henry Wrestland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Mrs Marie Wrestland
(Address) 2521 Madison St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Feb 1, 1931, that I last saw him alive on Jan 31, 1931 and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows: Paralysis Hemorrhage of Brain

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Beyer, M. D.

2/1, 1931 (Address) 3407 Harrison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Matthews — DATE OF BURIAL: Feb. 4 1931

20 UNDERTAKER: Jos. J. Herr 156 E. — ADDRESS: Luzerne

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64988 ✓ ✗ 706 E 64988

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST. 16-37 WARD)

2-FULL NAME Julius Austin

(a) RESIDENCE No ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Shelby N C

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Dont Know

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE: Years 26 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Not Known
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER E. M. Austin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Carrie Gaffney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Jack Palmer
(Address) Shelby N C

15 Filed 1931, 192 C. HARRISON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was riding collided with the tender of a moving locomotive (or train) A (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Boston St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Mann, M. D. Coroner

2/2, 1931 (Address) 2434 W. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shelby N C

DATE OF BURIAL: Feb. 2 1931

20 UNDERTAKER: Mrs J. Sidney & Sons

ADDRESS: Norfolk Va

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 64989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64989

CERTIFICATE OF DEATH

210-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST. 4-30 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Coatley

(a) **RESIDENCE** No Laurel Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Dead yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Don't know

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab
(b) General nature of industry, business, or establishment in which employed (or employer) gas
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo Coatley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Litton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Francis Lufbert.
(Address) Laurel Md

15 FEB 2 1931 Filed ..... 1932 C. HUMPSON Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Ran into right front fender of auto patrol of written Disease

(A) (duration) Most there yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pain & Saratoga

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) L. D. Frame, M. D. Coroner

2/2, 1931 (Address) Baltimore & Eldeley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb-7-1931

20 UNDERTAKER Ridgely Selby — ADDRESS Laurel Md

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 64990

E 64990

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyman Park Apartments ST. 40th & Barclay WARD) 13-52

2-FULL NAME Frederick Charles Uhlman

(a) RESIDENCE No Lyman Park Apartments ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen H. Uhlman

6 DATE OF BIRTH (month, day, and year) April 28-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chief Auditor
(b) General nature of industry, business, or establishment in which employed (or employer) of
(c) Name of employer Eastern Maryland RR

9 BIRTHPLACE (city or town) (State or country) Ft. Smith Ind.

PARENTS

10 NAME OF FATHER Rudolph Uhlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lisette Doll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Chas Uhlman

(Address) Lyman Park Apts

15 Filed FEB 2 1931 1932 M.C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Morrison, Coroner, M. D.

1/31. 1931 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Park Cemetery

DATE OF BURIAL Feb 3 1931

20 UNDERTAKER T. J. Tickner, Inc.

ADDRESS Reisterstown Ave

TION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36-001

CERTIFICATE OF DEATH

E 64991

REGISTERED NO. E 64991

1-PLACE OF DEATH Maryland General Hospital

City of BALTIMORE: (No. 15-68 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Frederick Lenk

(a) RESIDENCE NO. 2808 Walbrook St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Frederick Lenk (Christina)

6 DATE OF BIRTH (month, day, and year) May 7, 1900

7 AGE Years 30 Months 8 Days 25 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Franz Lenk

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Susie Schubert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Hospital Records

(Address)

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to Feb. 1, 1931, that I last saw him alive on Feb. 1, 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis Face & Scalp

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Streptococci Septicemia

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan. 30, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert Chenowith, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — Date of Burial Feb. 3 1931

20 UNDERTAKER Wm Fickeisen & Sons — ADDRESS North & Pa

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 2 1931

Spec.—1-30—M. & T.—250 Bks

E 64992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64992

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. 2334

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Light ST. 23 WARD)

2-FULL NAME Lottie A. Martin

(a) RESIDENCE NO. 1734 Light ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Martin

6 DATE OF BIRTH (month, day, and year) Jan. 17-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54.		0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Geisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Augusta Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant William M. Martin
(Address) 1734 Light St.

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M.D.
2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1930, to Jan 30, 1931, that I last saw HER alive on Jan. 30, 1931, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) H. L. Campbell M. D.

1/31, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Feb 2 - 1931

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1417 Light St

1-30—M. & T.—100 B—50L

E 64993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64993

CERTIFICATE OF DEATH

X 93-003

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. ~~John Hopkins Hospital~~ ST., 7-9 WARD)

2-FULL NAME Charles M. Hartman

(a) RESIDENCE NO Ellen Ave & Harford Rd ST., ... WARD Balto. County - Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Coleman Hartman

6 DATE OF BIRTH (month, day, and year) June 20, 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work City employee
(b) General nature of industry, business, or establishment in which employed (or employer) Bath House Tender
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant M. Lowney
(Address) Eastern Ave & Oak Ave.

15 Filed FEB 2 1931, 192 C. HARRY JONES, Registrar
Per DKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hypertension
(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Mowe, M. D. Coroner

Jan 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb 3 1931

20 UNDERTAKER Martin Fahey & Sons — ADDRESS 1827 N. North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 64994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64994

46-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Hilldale Ave. ST., 15-58 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sue Bernstein

(a) RESIDENCE No. 2910 Hilldale Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jerome C. Bernstein

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	45	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 837

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joshua Cushner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Kalinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mr. J. C. Bernstein
(Address) 2910 Hilldale Ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1928, to Feb. 1, 1931, that I last saw her alive on Feb. 1, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of July 8, 1930

Was there an autopsy? No

What test confirmed diagnosis? Microscopic examination

(Signed) Harry Goldberg, M. D.

, 19 (Address) 2210 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 2/2/ 1931

20 UNDERTAKER Ward Sondheim & Son

ADDRESS 1902 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 64995

CERTIFICATE OF DEATH

E 64995

REGISTERED NO. 24-35

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Andre St ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes J. Scott

(a) RESIDENCE NO. 1429 Andre St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of John Scott

6 DATE OF BIRTH (month, day, and year) May 14-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Isaac Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Isabelle Leonards
(Address) 1429 Andre St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 29, 1931, that I last saw her alive on Jan 29, 1931 and that death occurred, on the date stated above, at 10 55 p.m.

The CAUSE OF DEATH* was as follows:

Influenza
Myocarditis (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. F. Stevens, M. D.

2-1, 1931 (Address) 2878 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Feb 1 1931

20 UNDERTAKER Chas. L. Storms

ADDRESS 13 E Fort Ave

Spec.—1-30—M. & T.—250 Bks

E 64996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 64996

27-512

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 4430 Newport Ave. ST., ... WARD)

2-FULL NAME James N. Flemming.

(a) RESIDENCE NO. 4430 Newport Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Flemming.

6 DATE OF BIRTH (month, day, and year) July 31, 1851

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Flemming.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha A. Lancaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Myrtle E. Hartman.
(Address) 1321 Valley Place S.E. Wash. D.C.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 31st, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Cardiac Respiratory failure

(duration) ..... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Guy Ow Cerny, M. D.

2. 31 (Address) 4000 Parson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL Feb 3, 1931

20 UNDERTAKER Thomas L. Lowe

ADDRESS 7 36 Eastern Ave

Spec.—1-30—M. & T.—250 Bks

E 64997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64997

108

CERTIFICATE OF DEATH.

19-28

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 212 S. Stricker ST., ... WARD)

2-FULL NAME Mary T. Starry

(a) RESIDENCE NO. # 212 S. Stricker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Henry W. Starry

6 DATE OF BIRTH (month, day, and year) Apr 24 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Timothy Langan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Catherine Wright
(Address) 50 F St N.W. Washington D.C.

15 Filed 2 1930, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 / 30 / 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/26/31, 1931, to 1/30/31, 19..., that I last saw her alive on 1/30/31, 19..., and that death occurred, on the date stated above, at 10.10 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) History yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Samuel J. Terry, M. D.

3 1, 1931 (Address) 930 Wharton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem.

DATE OF BURIAL 2/3/ 1931

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins St

Spec.—1-30—M. & T.—250 Bks

E 64998
24770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64998

X 133-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME John Ross

(a) RESIDENCE NO. Shannon Pt-Rd ST., ... WARD Shannon Pt-Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ada Ross

6 DATE OF BIRTH (month, day, and year) May-1-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER John Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records—
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

B 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-31-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1930, to Jan 31, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 3 40 P m.

The CAUSE OF DEATH* was as follows:

Uremia, resulting from Multiple Abscesses of Kidney

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Bacteremia (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 27, 1930

Was there an autopsy? Yes Drainage

What test confirmed diagnosis? Pathological Examination

(Signed) Jas. H. Brawner Jr., M. D.

2/1, 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem

DATE OF BURIAL 2/2 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—9-30—A. & Co.—250 Bks.

64999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64999

CERTIFICATE OF DEATH.

92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 26-42 WARD)

2. FULL NAME William McCawley Diggs

(a) RESIDENCE No. 4221 White Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Burton Diggs

6 DATE OF BIRTH (month, day, and year) Aug 13, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman Retired
(b) General nature of industry, business, or establishment in which employed (or employer) C
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS
10 NAME OF FATHER Wm Diggs.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Catherine Kroner
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records. (Address)

15 Filed ..... 19..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 25, 1931, to January 31, 1931 that I last saw him alive on January 31, 1931 and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
Cardiac Decompensation

(duration) 4 yrs. 6 mos. 13 ds.

CONTRIBUTORY (Secondary) C.P.C. bone, stomach & kidneys. Cirrhosis
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown - at home.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Routine & Laboratory
(Signed) G. Burns Mandorfer M. D.
1/31/31, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.
DATE OF BURIAL Feby 3 1931

20 UNDERTAKER John Ulrich
ADDRESS 2015 Orleans

FOR is very important. See instructions on back of certificates.

E 65000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65000

122-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., ... WARD)

2-FULL NAME Ethel Pritchett

(a) RESIDENCE NO. 6 N. Montford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Attie H Pritchett.

6 DATE OF BIRTH (month, day, and year) Oct 8, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas L. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Sinclair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr Attie H Pritchett
(Address) 6 N Montford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 29, 1931, to February 1, 1931, that I last saw her alive on February 1, 1931, and that death occurred, on the date stated above, at 5-15 a.m.

The CAUSE OF DEATH* was as follows:
Strangulated Inguinal Hernia (direct) - Right
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Obstruction
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Resection of Intestine

Did an operation precede death? Yes Date of Jan 29/1931

Was there an autopsy? Yes

What test confirm[illegible]sis?

(Signed) Vernon H Norwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL 2/3/1931

20 UNDERTAKER John Ullrich

ADDRESS 2008 Orleans

[illegible] 1931 C. HARRY JONES, M. D. Registrar

Bpec.—1-30—M. & T.—250 Blks.

E 65001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65001

CERTIFICATE OF DEATH.

107-001

28-63

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Groveland Ave. ST., ... WARD)

2-FULL NAME Florence M.Hoffman,

(a) RESIDENCE No. 4303 Groveland Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) November 27, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward F.Hoffman,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Florence M.Wheeler,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Edward F. Hoffman
(Address) 4303 Groveland Ave.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D.
By ..... Registrar

FEB 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 2 1931

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to Feb. 2, 1931, that I last saw h~~e~~ alive on Feb. 1, 1931, and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Asthma

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Sx

(Signed) J. M. Lampson M. D.

19 (Address) 3405 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL FEB 4 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should see CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65002

E 65002

51-003

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. North Broadway ST. 56-42 WARD)

2-FULL NAME John F Vonrina

(a) RESIDENCE No. 4607 Bayonne Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Carrie Vonrina

6 DATE OF BIRTH (month, day, and year) 1873 ~~Feb 1 1873~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Vonrina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Kulcak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Helen Vonrina
(Address) 4607 Bayonne Ave

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Feb. 1, 1931.

that I last saw him alive on Feb. 1, 1931.

and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Metastasis to lungs
and bones

(duration) 8 yrs. mos da.

CONTRIBUTORY (Secondary) Anaemia (duration) 7 yrs. mos. da.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) James L Gabrey, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill

DATE OF BURIAL Feb 4 1931

20 UNDERTAKER Frank Crook Jan 1906

ADDRESS Cleveland

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Reaver

E 65003

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 65003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 3341 Calvert St., 12-49 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Reaver

(a) RESIDENCE No. 3301 Guilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mr. Reaver

6 DATE OF BIRTH (month, day, and year): June 12th 1879

7 AGE: 51 Years; Months: 7; Days: 20; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/2/31

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1931, to Feb 2, 1931, that I last saw he alive on February 2, 1931, and that death occurred, on the date stated above, at 8 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia — bilateral

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? 3301 Guilford Ave

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory.

(Signed) Ralph G. Hills, M. D.

2/2, 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dayton Ohio

DATE OF BURIAL: Feb 2nd 1931

20 UNDERTAKER: A. Jenkins & Son

ADDRESS: Cordiale Baltimore

FEB 2 1931

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 65004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65004

CERTIFICATE OF DEATH.

97

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Washburn Ave St. 7th WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Eva C. Hill

(a) RESIDENCE No. 912 Washburn Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Hill

6 DATE OF BIRTH (month, day, and year): Dec 19th 1846

7 AGE: Years 84 Months 1 Days 12 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germy

PARENTS

10 NAME OF FATHER: John Troutman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Mrs Eva C. Chaney

(Address) 912 Washburn Ave Brooklyn

15 Filed FEB 2 1931 19 J. Francis JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan. 31, 1931, that I last saw HER alive on Jan. 31, 1931 and that death occurred, on the date stated above, at 11:30 A m

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Indefinite

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. L. Campbell M. D.

1/31, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Feb 3rd 1931

20 UNDERTAKER: E. Schlosman & Son

ADDRESS 1039 Hanover St

WRITE PLAINLY, WITH INDELIBLE INK. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65005

46-092 E 65005

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 624, S Milton ST. 3 WARD)

2-FULL NAME William Muesslein

(a) RESIDENCE NO. 624 S. Milton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Muesslein

6 DATE OF BIRTH (month, day, and year) Aug 3, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Augusta Stripe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ida M. Muesslein
(Address) 624 S. Milton

15 Filed ....., 19.... HARRY S. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1930, to Jan 31, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) Ca 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date? confirm

Was there an autopsy? Jno J. H. 9 mos ago

What test confirmed diagnosis?

(Signed) Howard Janowitz, M. D.

Feb 2, 1931 (Address) 2431 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz

DATE OF BURIAL Feb 4 1931

20 UNDERTAKER Frank V. Pipetone

ADDRESS 2818 S. Baltimore St

Wed

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ED 2 1930

Spec.—1-30—M. & T.—250 Pks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65006

CERTIFICATE OF DEATH.

97 E 65006

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1680 Darley ave ST., 8-45 WARD)

2-FULL NAME Michael Brigandi

(a) RESIDENCE No. 1680 Darley ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Brigandi

6 DATE OF BIRTH (month, day, and year) Sept 15 1851

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Luigi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria A. Langonaby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Louise Mortelle
(Address) 1680 Darley ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 31

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Jan 31, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 1.4 m.

The CAUSE OF DEATH* was as follows:

Arteri. Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Decrepitude

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Joseph L. Valentine M. D., M. D.

Jan 31 1931 (Address) 14 S St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 3 1931

20 UNDERTAKER Frank V. Pipitone

ADDRESS 1044 E. Balto st

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65007

E 65007

REGISTERED NO. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. Provident Hospital WARD)

2—FULL NAME Nellie Marie Gould

(a) RESIDENCE NO. 1527 Druid Lane WARD

(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 3, 1917

7 AGE: Years 14 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centreville Md Queen Ann Co

PARENTS

10 NAME OF FATHER: Thomas E Gould

11 BIRTHPLACE OF FATHER (city or town) (State or country): Queenstown Md

12 MAIDEN NAME OF MOTHER: Laura Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Caroline County Md

14 Informant: Laura Gould

(Address): Goldstown, Md.

15 Filed FEB 2 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/31/31

17 I HEREBY CERTIFY That I attended deceased from Jan. 16, 1931 to Jan 31, 1931, that I last saw her alive on Jan 31, 1931 and that death occurred, on the date stated above, at 11.05 a.m.

The CAUSE OF DEATH* was as follows: Post Rheumatic Heart Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Fever (duration) yrs. 2-3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Mary McDonald, M. D.

Jan 31, 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Queenstown Queen Anne Co. Md

DATE OF BURIAL: Feb. 2, 1931

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 Schroeder St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65008

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 65008

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... ST., 7-12 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Clara Leimbach

(a) RESIDENCE No. 700 N. Kenwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Leimbach

6 DATE OF BIRTH (month, day, and year) July 1 1901

7 AGE: Years 29 yrs. Months 6 Days 30 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Conrad Frocklich
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Frederick E. Leimbach
(Address) 700 N. Kenwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 - 31

17 I HEREBY CERTIFY, That I attended deceased from January 29, 1931, to Jan 31, 1931, that I last saw her alive on Jan 31-31, 19 ..... and that death occurred, on the date stated above, at 10:37 P.m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-29-31

Was there an autopsy? No Cesarean

What test confirmed diagnosis?

(Signed) Richard C. Cumming, M. D.

Jan 31, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL Feb 4 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC
TION is very important. See instructions on back of certificates.

FEB 2 1931 C. HERBERT JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 65009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65009

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2919 Overland ave ST., WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Alethia Spanner

(a) RESIDENCE No. 2919 Overland ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Adolph Spanner

6 DATE OF BIRTH (month, day, and year) Oct 9-1853

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Elias Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Louise McKnew

13 BIRTHPLACE OF MOTHER (city or town) Dont Know
(State or country)

14 Informant Adolph Spanner
(Address) 2919 Overland ave

15 Filed FEB 2 1931, 19 C. HINDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931 to Feb 1, 1931, that I last saw her alive on Feb 1, 1931, and that death occurred, on the date stated above, at 2-10 P. m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) ....yrs. ....mos ....da.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) Leslie L. Gordy, M. D.

19 (Address) 2925 Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park — DATE OF BURIAL 2/3/1931

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-00 E 65010

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Bouldin ST. 26 WARD)

2-FULL NAME Mary E. Mathias

(a) RESIDENCE NO. 812 S. Bouldin ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late William T. Mathias

6 DATE OF BIRTH (month, day, and year) Oct. 8th 1852

7 AGE: Years 78 Months 3 Days 27 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Frank H. Bockstie
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Anna Schumann
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William T. Mathias
(Address) 296 Garrison Blvd.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1931 to Jan. 30. 1931 that I last saw h er alive on Jan. 30 1931 and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(duration) — yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) Nathan J. Wander M. D.
19 (Address) 3035 Abbottsford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery
DATE OF BURIAL: Feb 3rd 1931

20 UNDERTAKER: Lilly + Zeiler Inc.
ADDRESS: 4038 Wolfe St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 2 1931

E 65011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65011

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Temple Baptist Church ST. Wallbrook WARD 9) REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Josephine Keyser Woods.

(Residence in Baltimore: No. 3006 Herbert St. St. 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH May (Month) 10 (Day), 1852 (Year)

7-AGE, 78 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Frazier

(Address) 2029 West North Ave

15-

Filed....., 191.... C. HARTSELL JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above, at 12-15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. mos. ds.

(Signed) J. E. Smith (Coroner.) M. D.

Feb 1, 191... (Address) Coroner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Frederick DATE OF BURIAL, Feb 3 191..

20-UNDERTAKER Jacob Epper ADDRESS 1600 N North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

2 1931

Spec.—1-30—M. & T.—250 Bks.

E 65012 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65012

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Aisquith ST. 12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Williams

(a) RESIDENCE No. 2518 Pennsylvania Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Raymond Williams

6 DATE OF BIRTH (month, day, and year) July 25, 1892

7 AGE Years 38 Months 6 Days 7 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elmer Md

PARENTS

10 NAME OF FATHER Eli Pennell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Reeves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Raymond Williams
(Address) 2518 Pennsylvania Ave

15 Filed FEB 2 1931, 19 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to Feb. 2, 1931, that I last saw her alive on Feb. 2, 1931, and that death occurred, on the date stated above, at 5 50 a.m.

The CAUSE OF DEATH* was as follows:

Labor Premature

(duration) ...yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) ...yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) M B Thomas, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2 1931

20 UNDERTAKER Joseph Dyer for 16 years or more

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Lanvale ST., 16-16 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eudelia Tydings

(a) RESIDENCE No. 605 Gilbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 23 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md.

PARENTS

10 NAME OF FATHER: Edward Tydings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Bessie Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Bessie Tydings
(Address): Baltimore

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby. 2. 1931

17 I HEREBY CERTIFY, That I attended deceased from January 22, 1931 to Feby. 2, 1931, that I last saw her alive on Feby. 2, 1931, and that death occurred, on the date stated above, at 9-30 a.m.

The CAUSE OF DEATH* was as follows: Typhoid Fever

(duration) ....yrs. ....mos 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Arthur Jenkins, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md

DATE OF BURIAL: Feb. 2 1931

20 UNDERTAKER: L. E. Johnson

ADDRESS: 26 Clay St Annapolis

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65014

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 70-28 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Allen McAleer

(a) RESIDENCE No. 2030 W Pratt St St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 25 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John McAleer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. John McAleer
(Address) 2030 W Pratt St.

Filed FEB 2 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb. 2, 1931, that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 7 45 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ....yrs. ....mos 8 ds.

CONTRIBUTORY (Secondary) Pneumococcic Meningitis

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Lumbar puncture Date of Jan 31, 31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lumbar fluid

(Signed) Myron G. Tull, M. D.

2/2, 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 2/3 1931

20 UNDERTAKER John Howard & Son

ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65015

CERTIFICATE OF DEATH.

11-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 355 Marydale Ave St. 28-71 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick W Coleman

(a) RESIDENCE No. 358 Marydale Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gladys V. Winter

6 DATE OF BIRTH (month, day, and year) abt 30 yrs

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt.	30	–	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meter Reader 186

(b) General nature of industry, business, or establishment in which employed (or employer): Gas & Electric Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: F W Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Dr. Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mrs V. Winter
(Address): 355 Marydale Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Feb 1, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 8 50 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) F T Kipper, M. D.

, 19 (Address) 332 Jacob Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsey Park

DATE OF BURIAL: 2/4 1931

20 UNDERTAKER: F. F. Dorsey Sons

ADDRESS: 318 Light St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 2 1931 ELLIS N. JONES, M. D.

1-30—M. & T.—100 B—50L

65016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65016

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. En route to University Hospital ST. ..... WARD)

2-FULL NAME Edward D. Smardow

(a) RESIDENCE No 341 S. Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Smardow

6 DATE OF BIRTH (month, day, and year) Nov. 20-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Grant V. Smardow

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Grace

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Mrs. C. Smardow
(Address) 341 S. Monroe St

FEB 2 1931 Filed ..... . 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feltrer, M. D. Coroner

2/1, 1931 (Address) 2739 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 2/3 1931

20 UNDERTAKER Joe Elcock

ADDRESS 1002 W. Baltimore

AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65017

CERTIFICATE OF DEATH.

161-081

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson ST. 14-20 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Turner

(a) RESIDENCE No. 1403 Madison Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1-27-31

7 AGE: Years — Months — Days — If LESS than 1 day, 2 hrs. or ..... min.

Infant

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Victoria Va

12 MAIDEN NAME OF MOTHER: Maria Dallison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Victoria Va

14 Informant: Maria Turner
(Address) 1403 Madison Ave

15 Filed FEB 2 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-27-, 1931, to 1-27-, 1931, that I last saw h[illegible] alive on ....., 19....., and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) J B Butler, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health.

ADDRESS: FEB 3 - 1931

Per Wm. E. Rudolph

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

48

1-30—M. & T.—100 B—50L

E 65018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 65018

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 18-26 WARD)

2-FULL NAME Albert Slaughter

(a) RESIDENCE No 242 Carlton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): ——

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Unknown

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....

(Address)

15 Filed ..... , 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Stroke

ACC Burns 2-3 degree.

(duration) ..... yrs. ..... mos. 1 ds. days

CONTRIBUTORY (Secondary) Nephritis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 242 Carlton

Did an operation precede death? —— Date of ——

Was there an autopsy? ——

What test confirmed diagnosis? Ex

(Signed) G. C. Cades, Coroner, M. D.

, 19 (Address) 143 N. Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: FEB 2 - 1931, 19

20 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 1931 C. HAMILTON JONES, M.D.
5128 Commissioner Health

THE MORGUE

I-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65019

107-001

E 65019

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 19-27 WARD)

2-FULL NAME Abraham Cox

(a) RESIDENCE NO. 505 Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....
(Address) .....

15 Filed ..... 1931 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 505 Mount St

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? History

(Signed) G. Hughes, Coroner, M. D.

, 19 (Address) 1430 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health

ADDRESS: FEB 2 - 1931

N.B. Blanks in this form must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

FEB 2 1931 C. HAMPSON JONES, M.D.

THE MORGUE.

Spec.—9-30—A. & Co.—250 Bks.

E 65020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65020

108

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 3-1 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ben Gather

(a) RESIDENCE No. 222 Spring St. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O+O
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Fairfield S.C.

PARENTS
10 NAME OF FATHER Jeff
11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.
12 MAIDEN NAME OF MOTHER Sophie Mobly
13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-31

17 I HEREBY CERTIFY, That I attended deceased from 1-22-31, 19..., to 1-28-31, 19... that I last saw him alive on 1-28-31, 19... and that death occurred, on the date stated above, at 7:55 P m. The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Podgel M. D.
1-30 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health

For Wm. E. Wood

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

E 65021 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65021

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-36 Ward)

2-FULL NAME Manasseh Brown

(a) RESIDENCE NO. 1103 Edmondson Ave. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mess man
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Beth. Steel Co.

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS
10 NAME OF FATHER Benjamin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Panama
12 MAIDEN NAME OF MOTHER Robecca ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Colon

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed FEB 2 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-31

17 I HEREBY CERTIFY, That I attended deceased from 12-30-30, 19..., to 1-30-31, 19...
that I last saw him alive on 1-30-31, 19...
and that death occurred, on the date stated above, at 11:45 A. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Asthma
(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1. Hospital. 2. Home
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical Exam.
(Signed) Paul Padget. M. D.
1-31, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS FEB 2 - 1931

C. HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65022

82-08

E 65022

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1303 Walnut (Ward) 28-66

2-FULL NAME Ric Walton

(a) RESIDENCE NO. 1303 Walnut St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stillwell

6 DATE OF BIRTH (month, day, and year): July 8 1880

7 AGE: Years 50 Months 5 Days 27 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): (Ward)
(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore
(State or country):

PARENTS

10 NAME OF FATHER: Geo Walton

11 BIRTHPLACE OF FATHER (city or town): Eng.
(State or country):

12 MAIDEN NAME OF MOTHER: Sally Lambert

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country):

14 Informant: Lloyd Walton
(Address): 1303 Walnut

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1931

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D.

19 (Address) Boone

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemet

DATE OF BURIAL: 2/4 1931

20 UNDERTAKER: Walter W Sherry

ADDRESS 4130 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 2 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 126-2 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bell Gyensley

(a) RESIDENCE No. 400 S. Clinton ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Dec. 27 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS
10 NAME OF FATHER James Clark
11 BIRTHPLACE OF FATHER (city or town) (Maryland)
(State or country) unknown
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Records of
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1931, to Feb. 1, 1931
that I last saw h CY alive on Feb. 1, 1931
and that death occurred, on the date stated above, at 6:55 A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgt M. D.

2-1, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb 5 1931

20 UNDERTAKER Lilly & Zeiler Inc — ADDRESS 403 S. Mosher St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

✓ E 65024

E 65024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

Dr Kriedman 2002 W. Lexington

1-PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 406 S. East ave ST. 1-2 WARD)

2-FULL NAME Veronica Schemann

(a) RESIDENCE No. 406 S. East ave ST. 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Henry Schemann

6 DATE OF BIRTH (month, day, and year): Dec. 4 1863

7 AGE: Years 66 | Months – | Days 27 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Wallerchlag

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sophie Buschman
(Address) 406 S. East. Ave.

15 Filed FEB 2 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 31, 1931, and that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) La Grippe (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Martha E. Kriedman M. D.

2/2, 1931 (Address) 2002 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb. 4 1931

20 UNDERTAKER: Kelly & Feldmann

ADDRESS: 1033 W. Mt. St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 65025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-002 E 65025

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Rivera Apt-3 ST., (WARD) 13-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie W. Schoeneman

(a) RESIDENCE No. Rivera Apt-3A ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Schoeneman

6 DATE OF BIRTH (month, day, and year): Oct 8/1856

7 AGE: Years 74 Months 3 Days 25 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto-Md

PARENTS

10 NAME OF FATHER: Ansel Wurtzberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Goldsmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: J. B. Wurtzburger

(Address): Rivera Apt

15 Filed ..., 19 ... Registrar

B 2 1931 C. HUMPHREYS JONES M. D. NEW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 2d 1931

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1930, to Feby 2d, 1931, that I last saw her alive on January 31st, 1931 and that death occurred, on the date stated above, at 7-25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical picture

(Signed) Louis P. Hamburger, M. D.

Feby 3, 1931 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery

DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: J. Amans & Co

ADDRESS: 2432 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65026 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65026

CERTIFICATE OF DEATH. X 75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 W. Lanvale St., 6-22 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Smith Crandol

(a) RESIDENCE No. 1609 W. Lanvale ST., ... WARD N Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word) Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Geneva Crandol

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE Years 23 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) nfo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Smith Crandol

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jones Garay

(Address) 1609 W. Lanvale St

15 Filed FEB 2 1931, 19 ..... A.F.W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 31. 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) nil

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical. Lab.

(Signed) H Marco Williams, M. D.

2-1, 1931 (Address) 1730 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb. 3 1931

20 UNDERTAKER Saml. W. Chase & Son

ADDRESS 638 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65027 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65027

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Remington Ave. ST., 12-51 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louise Price

(a) RESIDENCE No. 2805 Remington Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of or) WIFE of Eli Price

6 DATE OF BIRTH (month, day, and year) Feb. 14. 1881

7 AGE 49 Years 50 Months 11 Days 18 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer Culpeper Va

9 BIRTHPLACE (city or town) (State or country) Culpeper Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) 2805 Remington

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1930 to Feb 1 1931, that I last saw her alive on Feb 1 1931, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Infiltrate

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exp.

(Signed) Garland Greenfield, M. D.

Feb 2 1931 (Address) 1534 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 2-5-1931

20 UNDERTAKER Sam'l N. Chase & Son

ADDRESS 638 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 65028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 65028

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 582 Pressman St. 14-70 Ward)

2-FULL NAME John Jones

(a) RESIDENCE NO. 582 Pressman St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 22-1930

7 AGE: Years 1 Months – Days 9 IF LESS than 1 day ..... hrs. or ..... min. 10

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town): Balto.
(State or country) .....

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown
(State or country) .....

12 MAIDEN NAME OF MOTHER: Pauline Jones

13 BIRTHPLACE OF MOTHER (city or town): Va.
(State or country) .....

14 Informant: Jane Chapel
(Address) 582 Pressman

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Smith, M. D.

Feb. 1 (Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. L. Jackson — DATE OF BURIAL: Feb. 3 1931

20 UNDERTAKER: Samuel W. Cox & Son — ADDRESS: 1008 N. Dillon

Filed FEB 1931 Registrar

Spec.—1-30—M. & T.—250 Bks

E 65029 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65029

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Philadelphia Rd. ST. 26-39 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Hammerbacher

(a) RESIDENCE NO. 3512 Phila. Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Hammerbacher

6 DATE OF BIRTH (month, day, and year) Sept. 11/1872

7 AGE: Years 58 | Months 4 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Hammerbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Emma Hay
(Address) 3512 Phila Rd.

15 Filed ..... 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-31-31

17 I HEREBY CERTIFY, That I attended deceased from November, 1930, to Jan 31, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myocarditis

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Morris J. Schneidman, M. D.

, 19 (Address) 6016 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Feb. 4 1931

20 UNDERTAKER Wm. C. Miller & Son

ADDRESS 4334 Jefferson St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X82-001 ✓ E 65030

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

76-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 430 N. Bouldin ST. (WARD)

2-FULL NAME John H. Harrison

(a) RESIDENCE NO 430 N. Bouldin ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Harrison

6 DATE OF BIRTH (month, day, and year) Dec 2/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	1	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Boat Builder
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Whitman, Md.

PARENTS
10 NAME OF FATHER Saml. Harrison
11 BIRTHPLACE OF FATHER (city or town) (State or country) Whitman, Md.
12 MAIDEN NAME OF MOTHER Melvina Cummings
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Whitman, Md.

14 Informant Henry Lutz,
(Address) 1203 N. Broadway

15 Filed FEB 2 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of previous stroke 6 mons ago (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Waters, M. D. Coroner

Feb 1, 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels Maryland — DATE OF BURIAL 2/3 1931

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65031

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-903

E 65031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1284 Riverside Ave ST. 24 WARD) 24-33

2-FULL NAME Mary F Katzenberger

(a) RESIDENCE No. 1284 Riverside Ave ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Francis X Katzenberger

6 DATE OF BIRTH (month, day, and year) 23 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	77	? ?	? ?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Alex Spigel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Staub

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughters

(Address) 1284 Riverside Ave

15 Filed FEB 2 1931 C. HARRISON JONES, Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 31, 1931, that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schmunk, M. D.

, 19 (Address) 1337 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 2/4/31 19

20 UNDERTAKER J. F. Tarr & Sons

ADDRESS 1318 Light S

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Dr Sherry 920 St Paul St. / Jan 28 57

E 65032 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65032

CERTIFICATE OF DEATH.

108

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 5261 St. Charles Ave. WARD) 55

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Esther D. Heald

(a) RESIDENCE No. 5261 St. Charles Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm E. Heald

6 DATE OF BIRTH (month, day, and year) Aug 26th 1860

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Bernard Silver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Elizabeth H. Leland
(Address) 5261 St. Charles Ave

15 Filed FEB 2 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31st 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Jan. 31, 1931, that I last saw her alive on Jan. 31, 1931, and that death occurred, on the date stated above, at 4:45 P. m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Milton Sherry M. D.

19 (Address) 920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 2/3/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

AGE should be stated EXACTLY. PHYSICIANS should be careful in stating the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks

E 65033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65033

CERTIFICATE OF DEATH.

11-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 13-57 WARD)

2. FULL NAME Harry Itty

(a) RESIDENCE No. 3840 Falls Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Itty

6 DATE OF BIRTH (month, day, and year) Feb 5 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway & Elec Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Windsor Md

PARENTS

10 NAME OF FATHER Daniel J. Itty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Keefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hospital Records

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 1, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Influenza (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Seybo M. D.

2/1/31 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL 2/5/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65034

CERTIFICATE OF DEATH

82-001

E 65034

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3820 Pennington St 1352 Ward)

2-FULL NAME Sarah F. Beck.

(a) RESIDENCE NO. 3820 Pennington St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry C. Beck

6 DATE OF BIRTH (month, day, and year) Dec 24-1872

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
58.	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER W. D. Spencer

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Rachael Busby

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Leonard F. Beck
(Address) 3820 Pennington

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? JOHN J. MORRISSEY

(Signed) John J. Morrissey, M. D.

2/2, 1931 (Address) 2672 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	2/3/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 2 1931

Spec.—9-30—A. & Co.—250 Bks.

DR G. W. Beckley 3337 Belvedere Ave Liberty 0543 ✓

E 65035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65035

CERTIFICATE OF DEATH

108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 Hayward Ave ~~Wd~~ 55 WARD)

2. FULL NAME Josephine Holtz

(a) RESIDENCE No. 4016 Hayward Ave ~~St~~ WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David A. Holtz

6 DATE OF BIRTH (month, day, and year) Aug 17th 1844

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5 4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md

PARENTS

10 NAME OF FATHER Thos H. Beauchamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Katie Marshall
(Address) 4016 Hayward Ave

15 Filed FEB 2 1931 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 1, 1931

that I last saw her alive on Feb 1, 1931

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Heart failure —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sub. - O'g' Symptoms.

(Signed) G. W. Beckley M. D.

19 (Address) 3337 Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 2/4/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state it in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65036

CERTIFICATE OF DEATH.

107-01 E 65036

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1204 Weldon Ave ST., 13-52 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel A. Thompson

(a) RESIDENCE NO. 1204 Weldon Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas R. Thompson

6 DATE OF BIRTH (month, day and year) Dec 29, 1882

7 AGE Years 48 Months 1 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOME. 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Sherman Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. E. Thompson (Address) 1204 Weldon St.

15 Filed FEB 3 1931, 19 ..... F.C.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1931, to Jan 31, 1931.

that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) ..... yrs. ..... mos. ONE ds.

CONTRIBUTORY (Secondary) Pneumonia (Bronchial)

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Emmett J. Kelly, M. D.

2/V. 1931 (Address) 608 Somerset Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Feb. 3 1931

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 3 1931

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65037

CERTIFICATE OF DEATH.

92-001 E 65037

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1500 Lakeside Av St. 9-47 WARD)

2 FULL NAME Annie S. Mahon

(a) RESIDENCE No. 1500 Lakeside Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Mahon

6 DATE OF BIRTH (month, day, and year) Sept 16 1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Camden - N J

PARENTS

10 NAME OF FATHER Thomas Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Martha Erickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Charles B Berry
(Address) 1500 Lakeside Av

15 Filed FEB 3 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Feb 1, 1931 that I last saw her alive on Jan 31, 1931 and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fritz J Kunz M. D.

2/2, 1931 (Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
David Ridge Cemetery	Feb 3 1931
20 UNDERTAKER	ADDRESS
Henry W. Mearsdon	805 N. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—5 L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65038

CERTIFICATE OF DEATH

E 65038

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard & Pratt ST., 18-26 WARD)

2-FULL NAME Michael W. Leary

(a) RESIDENCE No. 1116 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nana Leary

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rate Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thos. Leary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary G. Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs M. Leary
(Address) 1116 W. Franklin St

15 Filed ..... 192 ..... Registrar

FEB 3 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Gill M. D. Coroner

2/2, 1931 (Address) 2737 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Q A Co

DATE OF BURIAL 2-3rd 1931

20 UNDERTAKER Mrs Chas A G Rohde 2327

ADDRESS Edmondson Ave

FORM: ... should be stated EXACTLY. PHYSICIANS should state ... mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 65039

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65039

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2205 E Pratt St ST. 1-3 WARD)

2—FULL NAME Franciszek Zomkowski

(a) RESIDENCE NO. 2205 E. Pratt St ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 71 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Stanislaw Zomkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Usik

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Mrs. Zomkowska

(Address) 2205 E Pratt St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1-31

17 I HEREBY CERTIFY, That I attended deceased from 1/27, 1931, to 2/1/31, 1931, that I last saw him alive on 1/31, 1931, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Hypertension Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic fibrosis of kidneys (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? ~~Syn & operation No~~

What test confirmed diagnosis? Autopsy & operation

(Signed) W B Snowden, M. D.

2/2, 1931 (Address) 1623 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: F W Ozazewski 1930

ADDRESS: Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 3 1931 C. J. KRAMER JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 65040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65040

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Chapel Gate Lane,

CITY OF BALTIMORE: (No. Bronie Seiling Sanitarium WARD) 26-71

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Meck

(a) RESIDENCE No. Bronie Seiling Sanitarium ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 67 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Seiling Sanatorium

(Address) Chapelgate Lane

15 Filed FEB 3 1931, 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 2, 1931, that I last saw him alive on Feb 2, 1931 and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes insipidus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. H. Fleming, M. D.

2/2, 1931 (Address) Catonsville, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carlisle Pa.

DATE OF BURIAL: Feb. 6 1931

20 UNDERTAKER: Mrs. C. Miller

ADDRESS: 2334 Jefferson St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65041

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65041

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426, S. Bond ST., 3-4 WARD)

2-FULL NAME Rozalia Jaworski

(a) RESIDENCE NO. 426 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mikhaly Jaworski

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	86	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant John Pszybylski
(Address) 426 S. Bond St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1929, to Feb. 1, 1931, that I last saw he alive on Feb. 1, 1931, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.S. & S.

(Signed) John V. Szymbrichin, M. D.

2/1, 1931 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL 2/4 1931

20 UNDERTAKER Wm. Fiedkowski ADDRESS 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Strand H Gaskins

1-30—M. & T.—100 B—50L

E 65042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65042

CERTIFICATE OF DEATH

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N Schroeder St. 18-26 WARD)

2-FULL NAME Strand H Gaskins

(a) RESIDENCE No 208 N Schroeder St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 15/1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Geo Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Minnie Brooks

(Address) 1046 W Lex St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) W. G. Glady, Coroner, M. D.

, 19 (Address) 1416 N May

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Feb 5, 1931

20 UNDERTAKER Mrs Katie R. Welborne

ADDRESS 3221 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 3 1931

Spec.—9-30—A. & Co.—250 Bks

E 65043

HEALTH DEPARTMENT—CITY OF BALTIMORE

65043

CERTIFICATE OF DEATH.

108 E 65043

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 S. Fusson St. W-69 Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Philip. William Schuhmacher

(a) RESIDENCE No. 347 S. Fusson St. Ward ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	21	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electric Welder

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer: Crofted Metal Works

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Philip. G. Schuhmacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Dora M. Kiefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Philip. G. Schuhmacher (Address) 347 S. Fusson St

15 Filed Feb 3 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Feb 1st 1931

that I last saw him alive on Feb 1st 1931

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wells Henning M. D.

2/7 1931 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: Jos Jacobs & Son

ADDRESS: 2178 A...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 3 1931

Spec.—1-30—M. & T.—250 Bks.

E 65044

E 65044

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 McHenry ST. 1928 (WARD)

2-FULL NAME William O. Englehart

(a) RESIDENCE NO. 1810 McHenry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Frances Englehart

6 DATE OF BIRTH (month, day, and year) Nov 5-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Englehart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lottie Englehart
(Address) 1810 McHenry St

15 Filed FEB 3 1931 19 G. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 1, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
Influenza
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Walter A. Cole, M. D.

2/2, 1931 (Address) 545 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/4/31

20 UNDERTAKER Harry A. Witzke

ADDRESS 491 Edmondson ave.

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-005

E 65045

CERTIFICATE OF DEATH.

E 65045

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Kirk Ave. ST. 9-46 WARD)

2-FULL NAME Lewis B. Gaither,

(a) RESIDENCE No. 2901 Kirk Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of or) ~~WIFE of~~ Ada P. Gaither,

6 DATE OF BIRTH (month, day, and year) November 16. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Dennis H. Gaither,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Martha V. Lewis,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Centreville Md.

14 Informant Mrs Ada P. Gaither
(Address) 2901 Kirk Ave

15 Filed FEB 3 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931 to Feb 2, 1931, that I last saw him alive on Jan. 28, 1931, and that death occurred, on the date stated above, at 4.50 P.M.

The CAUSE OF DEATH* was as follows: Cardiac Dilitation

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Hamilton M. D.

2/3, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL FEB 5 1931

20 UNDERTAKER Geo M Little

ADDRESS 2700 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 65046

REGISTERED NO. W 2640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W. Fayette St. 18-26 WARD)

2 FULL NAME Minnie Green

(a) RESIDENCE No. 1008 W. Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Green

6 DATE OF BIRTH (month, day, and year): Aug. 24 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): South Hampton Va.

PARENTS

10 NAME OF FATHER: James Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Lilly Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Frank Green 1008 W. Fayette St.

15 Filed ....., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/1/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Feb 1, 1931, that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 3-15 A. M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Examination

(Signed) Wm H. Watts M. D.

Feb. 1 1931 (Address) 928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 2/4 1931

20 UNDERTAKER: Samuel Hensley — ADDRESS: 518 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 65047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 18-N WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Nicholson

(a) RESIDENCE NO. 914 N. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Nicholson

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years 50 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pitts Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Maggie Walker

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Hattie Moore
(Address) 207 Edmondson

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Jan. 31, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray - autopsy

(Signed) George H. Yeager M. D.

Jan 31, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL 2/3 1931

20 UNDERTAKER Samuel Hemsley | ADDRESS 578 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65048

E 65048 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1119 Park Ave ST. 11-24 WARD)

2-FULL NAME Susan Jones

(a) RESIDENCE No. 1119 Park Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alexander Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Martha Coltman
(Address) 1119 Park Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 31, 1931 that I last saw h alive on Jan 30 1931 8 AM and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Organic heart disease — myocardial insufficiency

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) none known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Chas. J. Kellner M. D.

Jan. 1931 (Address) 2226 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 2/4 1931

20 UNDERTAKER: Grimes & Hemsley — ADDRESS 708 Bide

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65049

CERTIFICATE OF DEATH.

46-002

6-10

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., ... WARD)

2-FULL NAME Frank Gostowski

(a) RESIDENCE No. 124 N. Rose street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Tekla Gostowski

6 DATE OF BIRTH (month, day, and year) Jan-15-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Thomas Gostowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Duchowse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Tekla Gostowski
(Address) 124 N Rose street

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Feb 2, 1931, that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 5²⁵ a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ....yrs. 3 mos ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of Jan 26-31

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin Course & Path Study.

(Signed) M A Cohen, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Feb 5 1931

20 UNDERTAKER	ADDRESS
George A. Weber	705 E Monument st

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65050

1-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

REGISTERED NO. 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. North Broadway ST. WARD

2-FULL NAME Henderson, Catherine

(a) RESIDENCE NO. 411 Venable Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs.? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Henderson

6 DATE OF BIRTH (month, day, and year) Dec. 26 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	62	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Miller

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Donnelly

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Patient Henderson
(Address) 411 Venable Ave

15 Filed FEB 8 1931 19 C. H. Grason Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1931, to February 1, 1931, that I last saw her alive on February 1, 1931, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observations

(Signed) Vernon H. Norwood, M. D.

2/7, 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL February 4 1931

20 UNDERTAKER Henry Heck Sons, Inc.

ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65051

E 65051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Carolina St. 9-17 WARD)

2-FULL NAME Anna C. Brosman

(a) RESIDENCE No. 1506 N. Carolina ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Brosman

6 DATE OF BIRTH (month, day, and year) 5/1/1860

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	8	30	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Mary Brosman
(Address) 1506 N. Carolina St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 - 1931.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 5 1930, to Jan. 31. 1931. that I last saw her alive on Jan. 30 1931. and that death occurred, on the date stated above, at 10 45 a.m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Not Definite ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden M. D.

2/2/1931. (Address) 1216 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL 2/4/31 19

20 UNDERTAKER George J. Keith Inc — ADDRESS 935 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 2 1931

Spec.—1-30—M. & T.—250 Bks.

E 65052

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65052

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 N. Payson St. ST. 1521 WARD)

2-FULL NAME Esther Scholle

(a) RESIDENCE NO. 1725 N. Payson St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alfred Scholle

6 DATE OF BIRTH (month, day, and year) About 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
About	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Morris Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Scholle.
(Address) 1725 N. Payson St.

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from _____, 1931, to Feb 1st, 1931, that I last saw her alive on Feb 1st, 1931, and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows: Cardio-Vascular Renal disease

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J B Tilver Lowe M. D.

2/2 (Address) 1901 Dutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 2/3/ 1931

20 UNDERTAKER Harry Sandheim & Son

ADDRESS 1901 Dutaw Place

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65053

E 65053

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2838 Clifton Park Terrace WARD 5

2. FULL NAME Aloysius C. Fritsch

(a) RESIDENCE NO. 2838 Clifton Park Terrace WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa V. Fritsch

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10. NAME OF FATHER Charles Fritsch
11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12. MAIDEN NAME OF MOTHER Brenzing
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant Mrs. Fritsch
(Address) 2838 Clifton Park Terrace

15. Filed ....., 19.... E. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/31/31

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to Jan. 31, 1931, that I last saw him alive on Jan. 30, 1931, and that death occurred, on the date stated above, at 1.30 A.M. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? –

(Signed) Eugene L. Fusaro M. D.

2, 2, 1931 (Address) 514 Albany Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 2/3/31 19

20. UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65054

93-003 E 65054

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS

24-33

CITY OF BALTIMORE: (No ..... ward)

2 FULL NAME Edgar Phillips

(a) RESIDENCE NO. 1253 Williams St., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marie Phillips.

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Edwin Phillips.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Susie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records of
(Address)

15 Filed FEB 3 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 19 31, to Jan. 31, 19 31 that I last saw h im alive on Jan. 31, 19 31 and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Infarct of lung

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podget M. D.

2-1, 19 31 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Md. DATE OF BURIAL Feb. 4, 19 31

20 UNDERTAKER Fred A. Williams & Son ADDRESS 703 Hom

BALTIMORE CITY HOSPITALS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

65055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001 E 65055

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 639 W Lombard St. 430 Ward)

2-FULL NAME Ursula Zinkevich

(a) RESIDENCE NO. 639 W Lombard St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth ■ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Zinkewicz

6 DATE OF BIRTH (month, day, and year) Aug No. 1873

7 AGE 58 Years 6 Months Days 57 IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Lithvania
(State or country)

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (City or town) Lithvania
(State or country)

12 MAIDEN NAME OF MOTHER No

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Lithvania

14 Informant Peter Zinkewicz
(Address) 639 W Lombard St.

15 Filed ..... 19 ..... Registrar

FEB 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2 1931

17 I HEREBY CERTIFY, That I attended deceased from January, 1926, to ~~January~~ Feb 2, 1931, that I last saw her alive on February 2, 1931, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Dis

..... (duration) 5 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John H. Meadowsky M. D.

2/3 1931 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Feb. 5. 1931

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S Paca St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

163-008 E 65056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 15-58 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cammarata Cortolillo

(a) RESIDENCE NO 4119 Park Heights ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE ~~of~~ Joseph Cortolillo

6 DATE OF BIRTH (month, day, and year) 5-16-1898

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
32	8	16	~~X~~

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 637
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel Cammarata

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Stella Centineo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy ?

14 Informant Joseph Cortolillo
(Address) 4119 Park Heights

15 Filed ..... 192 ..... Registrar

C. HAMPSON LOUIS, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Hg Cl2 Bichloride

8 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Ac Nephritis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 4119 Pk Heights

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) H. C. Slades, M. D. Coroner

19 (Address) 143 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 2/4/31

20 UNDERTAKER George J Rathbone — ADDRESS 1731 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65057

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jenkins Memorial Home (St.) Hosp. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Nance

(a) RESIDENCE No. 4508 Rathland Ave. ST. Forest Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874 ?

7 AGE 57 Years 56 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Social Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Catholic

(c) Name of employer Poor assn.

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Michael Leamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire.

12 MAIDEN NAME OF MOTHER Bridget Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire.

14 Informant Bernadine Blair (Address) 4508 Rathland Ave

15 Filed ....., 19 C. HUMPHREYS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Feb 1, 1931, that I last saw her alive on Feb 1, 1931, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 1st ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Presumption

(Signed) Robt Hewan, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinebath Cem.

DATE OF BURIAL 2/4 1931

20 UNDERTAKER J. J. Moran

ADDRESS 3 E Balt St.

CAUSE OF DEATH CERTIFICATE IS very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65058

E 65058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 1725 WARD

2 FULL NAME Michael Cabrot

(a) RESIDENCE NO. 412 W. Mulberry St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8, 1895

7 AGE 35 Years 36 Months 8 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stabler 24

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Fred Cabrot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lucy Marano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Hospital Records
(Address)

15 Filed ..... 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Feb 3, 1931 that I last saw him alive on Feb 3, 1931 and that death occurred, on the date stated above, at 6 25 A.m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Pyopneumothorax

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec. 18, 1930 Dec 29, 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operative

(Signed) J H Goodman M. D.

..... 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilkes Barre Pa.

DATE OF BURIAL Feb 6 19 31

20 UNDERTAKER Wm Fiakowski

ADDRESS 161 Caster Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65059

HEALTH DEPARTMENT—CITY OF BALTIMORE

180 ✓ E 65059

CERTIFICATE OF DEATH

1124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1206 N. Charles St. St., Ward)

2-FULL NAME Marie Evelyn Sturgeon.

(a) RESIDENCE NO. 1206 N. Charles St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ——mos.——ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ——————

6 DATE OF BIRTH (month, day, and year) March 24, 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	20	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Sabilisville, Md.
(State or country)

PARENTS

10 NAME OF FATHER Harry Sturgeon.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary A. Barborka.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Harry Sturgeon, (father)
(Address) Ellicott City, Md.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

FEB 3 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to a crisp in an apartment fire
Accidental death

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt M. D.

2/3/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL	DATE OF BURIAL
St Ignatius Cem.	Feb 4 1931

20 UNDERTAKER	ADDRESS
Hornberger & Gross	Benson, Md.

Tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 65069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 65069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3406 Seneca St., St., 13 Ward) 13-57

2-FULL NAME Isabella Barnhart

(a) RESIDENCE NO. 3406 Seneca St., St., 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15-1860

7 AGE: Years 70 | Months 11 | Days 16 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William N. Barnhart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth A. George

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Mollie C. Barnhart
(Address) 3406 Seneca St.

15 Filed ..., 19..

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/2 1931 (Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys (Hampden) — DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: Horace A. Burgee — ADDRESS: 131 Falls Road

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 1931

Spec.—1-30—M. & T.—250 Bks.

E 65061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65061

CERTIFICATE OF DEATH.

82-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 E. 36th St. ST., 13 WARD)

1357

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jonas C. L. Ruby

(a) RESIDENCE No. 1401 E. 36th St. ST., 13 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ella L. Ruby

6 DATE OF BIRTH (month, day, and year): Oct. 2-1864

7 AGE: Years 66 | Months 4 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Alfred M. Ruby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Ella L. Ruby
(Address) 1401 E. 36th St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Feb 2, 1931, that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ..... yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) X yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. W. Weaver, M. D.

2/2 1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb. 5-1931.

UNDERTAKER: Horace F. Burgee

ADDRESS: 3631 Falls Road

TION is very important. See instructions on back of certificates.

FEB 3 1931 C. HAMPSON JONES, M.D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65062

93-003

E 65062

CERTIFICATE OF DEATH

28-64

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 5506 Drayne Ave. St., ... Ward)

2-FULL NAME Alice G. Shutt

(a) RESIDENCE NO. 5506 Drayne Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Shutt

6 DATE OF BIRTH (month, day, and year) June 3-1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wd
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Seward

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Hubbard

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Everley A. Shutt
(Address) 3117 Boyston Ave.

15 Filed ....., 19.. C. HAMPTON JOYCE II
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 - 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Hm

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ....., M. D.

, 19 (Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb. 4 1931

20 UNDERTAKER Horace F. Burgee

ADDRESS 3331 Hall Road

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Cause OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

B 1931

Form—12-23-21—E.B.R.S.—400 Eks.

E 65063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65063

CERTIFICATE OF DEATH.

Registered No. 159

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 - W. Robinson St. 6-11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby - Cortters #1

(a) Residence No. 311 - W. Robinson St., Ward (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-Single, ~~Married, Widowed, or Divorced~~, (~~Write the word.~~)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 2/3/31

7-AGE ——— yrs. mos. ds. If LESS than 1 day, hrs. or 30 min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS

10-NAME OF FATHER, John L Cortters

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER, Catherine T Helfrich

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Catherine T Helfrich Wife
(Address) 311 - W Robinson

15-
Filed 192 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/3/31

17- I HEREBY CERTIFY, That I attended deceased from 2/3/ 19 31 to 2/3/ 19 31 that I last saw h[redacted] alive on 2/3/31 19 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Premature birth
(about 6 months)
(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) underdevelopment
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

2/3/31 (Signed) J. McGarrell M. D.
(Address) 633-5 Cordelia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Health Dept

DATE OF BURIAL, FEB 3 - 1931

20-UNDERTAKER. Health Commissioner

ADDRESS

instructions on back of certificates.

Rev.—12-23-21—E.B.R.S.—400 Blks.

E 65064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65064

CERTIFICATE OF DEATH.

6-11-59

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 311-N. Robinson St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lotters #2

(a) Residence No. 311-N-Robinson St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 2/3/31

7-AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant dd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto Md
(State or Country)

PARENTS

10-NAME OF FATHER, John L Lotters

11-BIRTHPLACE OF FATHER (city or town) Balto Md
(State or Country)

12-MAIDEN NAME OF MOTHER Catherine Helfrich

13-BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or Country)

14- (Informant) Catherine Helfrich Lotters
(Address) 311-N-Robinson

15-

Filed 1931 1932 NPH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/3/31

17- I HEREBY CERTIFY, That I attended deceased from 2/3, 1931, to 2/3, 1931, that I last saw h. alive on 2/3/31, 1931, and that death occurred, on the date stated above, at 9 15 a m.

The CAUSE OF DEATH* was as follows:

Premature birth (about 6 month)

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Underdevelopment

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. McGarrell M. D.

2/3/31 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Re Refree State Board

DATE OF BURIAL. ..... 19....

20-UNDERTAKER. Health Department

ADDRESS

FEB 3 - 1931

instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65065 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65065

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH Provident Hosp.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ST. 1024 WARD

2-FULL NAME Robert Johnson

(a) RESIDENCE No. 1111 Maple ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 27 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant .....
(Address) .....

15 Filed 1931, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/31

17 I HEREBY CERTIFY, That I attended deceased from 1/25, 1931, to 1/31, 1931, that I last saw him alive on 1/31, 1931, and that death occurred, on the date stated above, at 11 40 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

1/31, 1930 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. 2/4/31 JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 2 - 1931

20 UNDERTAKER C. Hampson Jones H. Commissioner Health.

ADDRESS Lewis Courts 916 Penna Ave

FEB 3 1931

DEH

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 65066

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1200 N. Gay, ST. 813 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Bright

(a) RESIDENCE NO. 1200 N Gay ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm. C. Bright

6 DATE OF BIRTH (month, day, and year) June 21 1868

7 AGE Years 63 Months Days 9 If LESS than 1 day, ..hrs. or ..min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HSA

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pallo Md

PARENTS

10 NAME OF FATHER Charles H Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pallo, Md

12 MAIDEN NAME OF MOTHER Ella Moffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pallo Md

14 Informant Lillie M. Kieffer
(Address) 2110 E Lombard St

15 Filed ..... 1931 .....19 ..... NPA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1931

17 I HEREBY CERTIFY, That I attended deceased from 10-16 1930 to 1-31 1931, that I last saw h 25 alive on 1/31 1931, and that death occurred, on the date stated above, at 11 50 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 2 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Weller, M. D.

2/3. 1931 (Address) 1001 N Bowery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Lamy Cemetery DATE OF BURIAL Feb 4 1931

20 UNDERTAKER Robt Turner ADDRESS 786 E Monument

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65067

CERTIFICATE OF DEATH.

167

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Patapsco ST. 23-33 WARD)

2-FULL NAME Carl J. Hanley

(a) RESIDENCE No. 1404 Patapsco ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23-1924

7 AGE: Years 6 Months 9 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Carl J. Hanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lillian Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Carl J. Hanley
(Address) 1404 Patapsco St.

15 Filed ..... 19 ..... Registrar

3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to Feb. 1, 1931, that I last saw him alive on Feb. 1, 1931, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tonsilitis - acute

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John A. Schermerhorn, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb. 4-1931

20 UNDERTAKER Margaret E. Flynn — ADDRESS 1432 Light St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Daniel H. Wolf

E 65068

HEALTH DEPARTMENT—CITY OF BALTIMORE

186 E 65068

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 518 Poplar Grove ..... St. ..... WARD 70-78

2 FULL NAME Daniel W. Wolf.

(a) RESIDENCE No. 518 Poplar Grove St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie R. Wolf.

6 DATE OF BIRTH (month, day, and year): April 3, 1864.

7 AGE: Years 66, Months 9, Days 29. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 7 yrs.

(b) General nature of industry, business, or establishment in which employed (or employer): Conductor on cars

(c) Name of employer: Noble, B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: ----------Wolf.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co. Md.

12 MAIDEN NAME OF MOTHER: Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co. Md.

14 Informant: Mrs. Edie Haines.
(Address): 518 Poplar Grove St.

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 19 30, to Feb 1, 19 31, that I last saw him alive on Jan 31, 19 31, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic int nephritis

uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Injury to left hip (duration) yrs. 3 mos. ds. (over)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no

Date of no

Was there an autopsy?

What test confirmed diagnosis? Lab

(Signed) Winnie Stifler M. D.

Feb. 19 31 (Address) 1319 Light St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Feb 5, 1931

20 UNDERTAKER: N. Howard Evans

ADDRESS: 38 E Hoffman

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 E 65069

65069

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2915 St Paul ST., 12-5D WARD)

2-FULL NAME John G.Getschel,

(a) RESIDENCE NO. 2915 St Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lina Getschel,

6 DATE OF BIRTH (month, day, and year) March 2.1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Getschel,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schammel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lina Getschel
(Address) 2915 St Paul St

15 Filed 1931 G. HAMPSON JONES, M.D. Registrar
By R.T.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb. 3, 1931, that I last saw him alive on Feb 1st, 1931, and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? u

Did an operation precede death? u Date of

Was there an autopsy? u

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. E. Woodward, M. D.

Feb 5, 1931 (Address) 200 Lakewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park

DATE OF BURIAL Feb 5 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3

Spec.—1-30—M. & T.—250 Bks

2-35-46

E 65070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65070

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Frank Lauinger

(a) RESIDENCE No. 440 - Fourth Ave - ST., ... WARD Pittsburg - Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27-1875

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance & Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn -

PARENTS

10 NAME OF FATHER Fred Lauinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Mary Anne Kinsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Records -
(Address)

15 Filed ..... 19 1931 April Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 - 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to ~~Jan~~ Feb 3, 1931, that I last saw him alive on Feb. 3, 1931, and that death occurred, on the date stated above, at 3 25 P.M.

The CAUSE OF DEATH* was as follows:

Splenic anemia 63

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ..... operating room

Did an operation precede death? Yes Date of Jan 24 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. Ridgway Trimble, M. D.

Feb 3 1931 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bartlebery Pa

DATE OF BURIAL 2/3 19 31

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Orchard McCullch

HON IS Very Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65071

CERTIFICATE OF DEATH.

93003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 2863 WARD)

2-FULL NAME Sister Gemma McFeely

(a) RESIDENCE NO. Mt Hope Retreat ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Oct 7. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Unknown Ireland

PARENTS

10 NAME OF FATHER: John McFeely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Ireland

12 MAIDEN NAME OF MOTHER: Maria McGingle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Ireland

14 Informant: Mt Hope Friends
(Address): Mt Hope Retreat

15 Filed: 1931 ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1930, to Feb 2, 1931, that I last saw her alive on Feb 2, 1931, and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis
(Acute Substitution)

Unknown (duration) 0 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Melancholia (duration) 1 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hope Cemetery — DATE OF BURIAL: Feb 4, 1931.

20 UNDERTAKER: Stewart Monroe & Crello — ADDRESS: .....

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M. & T.—100 B—50L

E 65072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

E 65072

REGISTERED No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp ST., 17-46 WARD)

2-FULL NAME Beverly A Snyder

(a) RESIDENCE No ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 5/2/1909

6 DATE OF BIRTH (month, day, and year): 5/2/1909

7 AGE: Years 21 Months 8 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Mt Jackson Va

PARENTS

10 NAME OF FATHER: Allen Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriet Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Thomas Watkins
(Address): Richmond Va

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was being operated

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Morphine Poisoning of Tract — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Salem N J

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Kaum, M. D. Coroner

3, 1931 (Address) 2439 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Jackson Va

DATE OF BURIAL: 2/3 1931

20 UNDERTAKER: J M Cook

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 65073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180 E 65073

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1206 N. Charles St. St., 11-24 Ward)

2-FULL NAME Marcella C. Rogers.

(a) RESIDENCE NO. 1206 N. Charles St. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 15, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	18	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Motion picture cashier.
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James M. Rogers.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Grace White.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant Lena Siegmund. (great aunt)
(Address) 1111 E. Preston St.

15 Filed ..... 19..... Registrar

FEB 3 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to a crisp in an apartment fire
Accidental death

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Fenhardt, M. D.

2/2/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery

DATE OF BURIAL 2/4/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A C[illegible] 100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65074

CERTIFICATE OF DEATH

180 E 65074

11-24

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1206 N.Charles St. St. 11 Ward)

2-FULL NAME Alberta M.P.Clagett

(a) RESIDENCE NO. 1206 N.Charles St. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced
(of) WIFE or Mason Clagett.

6 DATE OF BIRTH (month, day, and year) February 5,1911

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	19	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Alfred M Power.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Blanche Gardler.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) England.

14 Informant Catherine Hickman.(aunt)
(Address) 1417 Race St.

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31,1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry find that said deceased came to her death
(Inquest, autopsy or inquiry)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to a crisp in an
apartment fire
Accidental death

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto U. Lemhardt, M. D.

2/2/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	2/4 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 3 1931 C. HAMPSON JONES, M. D.

DKB

Cor.—10-10-29—A Co.—100 Bks.

E 65075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94002

E 65075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No. 1113 Peach Alley. St., 2331 (Ward)

2-FULL NAME Margaret Oppel.

(a) RESIDENCE NO. 1113 Peach Alley. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ~~mos. ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~XXXXXXXXXXX~~ ~~XXXXXXXXX~~ (or) WIFE of John B. Oppel.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant John Oppel, (husband)
(Address) 1113 Peach Alley.

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis.

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? No.

(Signed) Otto M. Hernhardt, M. D.

2/2/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

20 UNDERTAKER Wm Cook 1217 E Pre

Spec.-7-17-26—A Co.—200 Bks.

E. 65076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 65076

REGISTERED NO. 27841

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grover F. McKenzie

(a) RESIDENCE NO. 3205 Overland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth D McKenzie

6 DATE OF BIRTH (month, day, and year): January 4 1885

7 AGE: Years 46 Months — Days 29 28

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Elliott City Md.

PARENTS

10 NAME OF FATHER: Caleb McKenzie

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Matilda Clements

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Record

(Address)

15 Filed ..... 19 ..... C. HAWSON JONES, M. D. Registrar

Per WRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 18, 1931, to Feb. 2, 1931, that I last saw h. alive on Feb. 2, 1931, and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of F. 27-30

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Robert V. Lenowitz, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

Date of Burial: 2/4/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3 1931

Spec.—1-30—M. & T.—250 Bks.

E 65077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65077

CERTIFICATE OF DEATH.

157-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 18-29 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joan Denver

(a) RESIDENCE NO. 884 W. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 6th 1930

7 AGE: Years —— Months 9 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— boy

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Denver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Olivia Yostosky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frank Denver
(Address) 884 W. Lombard St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 2, 1931, that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus
Encephalitis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical observation. Spinal puncture

(Signed) George H. Yeager, M. D.

2/2, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 2/5/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul st

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 65078

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-001 E 65078

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Brunswick ST. 20-69 WARD

2-FULL NAME Jessie L. Sipes

(a) RESIDENCE NO. 510 Brunswick ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6m yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of ~~(or) WIFE of~~ Bertha Sipes

6 DATE OF BIRTH (month, day, and year) April 11th 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Painting
(c) Name of employer Forrester

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER John W. Sipes
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Victoria Gordshall
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Bertha P. Sipes
(Address) 510 Brunswick St

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar NRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Feb 2, 1931, that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis

about (duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

Feb 3 1931 (Address) 26 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cemetery — DATE OF BURIAL 2/5/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 65079

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

93 E 65079

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 Walnut Ave St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Chas Joyce

(a) Residence No. 906 Walnut Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Wh.

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Joyce

6-DATE OF BIRTH (month, day and year): Dec. 24 1846

7-AGE: 84 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS

10-NAME OF FATHER: Thos Joyce

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Walsh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant) Katherine Joyce
(Address) 906 Walnut Ave

15-
Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 2, 1931

17- I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931 to Feb. 2, 1931 that I last saw him alive on Feb. 1st, 1931 and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

CONTRIBUTORY (Secondary) Ch. Myocarditis

(Duration) 3 yr or more mos. ..... ds

18-Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual signs

(Signed) Geo. E. Welles, M. D.

, 19 (Address) 4100 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk — DATE OF BURIAL: Feby 4 1931

20-UNDERTAKER: W. J. Lechner & Sons — ADDRESS: Northeast

instructions on back of certificates.

3 1931

Spec.—2-29-28—L. F. S.—500 Bks.

E 65080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65080

CERTIFICATE OF DEATH

93-0034

REGISTERED NO. 16-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 Fleet ST., WARD)

2—FULL NAME Amanda Doulong

(a) RESIDENCE NO. 4805 Fleet ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced ~~HUSBAND~~ of ~~(or) WIFE~~ of Philip Doulong

6 DATE OF BIRTH (month, day, and year) July 1st 1879

7 AGE: Years 51 Months 67 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Fred. P. Averle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Philip Doulong
(Address) 4805 Fleet St.

15 Filed 3 1931, 19 C. HARRISON JONES Registrar By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15 1931, to Feb. 1 1931, 19..., that I last saw h.. alive on Feb. 1 1931, and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Vascular Disease with hypertension (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (durstion) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morris S. Schechtinger, M. D.

, 19 (Address) 6018 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 2/4/ 19 31

20 UNDERTAKER: John F. Connelly

ADDRESS: Essex

Spec.—9-30—A. & Co.—250 Bks.

N. Sokurich 1337 S. Charles St South 2188

E 65081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65081

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Riverside Ave WARD) 23

2. FULL NAME Wm T. Booker

(a) RESIDENCE NO. 1212 Riverside Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married, widowed, or Divorced~~ HUSBAND of ~~(or Widow) of~~ Laura C. Booker

6 DATE OF BIRTH (month, day, and year) May 17th 1835

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
95	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Booker
(Address) 1212 Riverside Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb 3, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schwartz M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 2/6/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65032

CERTIFICATE OF DEATH.

59

13-59

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2. FULL NAME Charles H. Schaefer

(a) RESIDENCE No. 2804 Woodbrook Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos. ..... ds. ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie

6 DATE OF BIRTH (month, day, and year) Jan. 5, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) B+O R R
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Albee
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 .....
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 10-18-30, 19..., to 2-3-31, 19...
that I last saw him alive on 2-3-31, 19...
and that death occurred, on the date stated above, at 7:20 A. m.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of .....
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy
(Signed) Paul Padget M. D.
2-3 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery
DATE OF BURIAL 2/5/1931

20 UNDERTAKER W. Cook
ADDRESS 1217 St Paul St

TION IS Very Important. See instructions on back of certificates.

3 1931

Spec.-7-17-26—A C.—200 Bks.

E 65083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

E 65083

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 11-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Pomeroy

(a) RESIDENCE NO. Valley Lee, Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Campion M. Pomeroy

6 DATE OF BIRTH (month, day, and year) March 21, 1883

7 AGE: Years 47 Months 10 Days 10

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Whitesville, Delaware (State or country)

PARENTS

10 NAME OF FATHER James H. Calloway

11 BIRTHPLACE OF FATHER (City or town) Delaware (State or country)

12 MAIDEN NAME OF MOTHER Alice Virginia McFadden

13 BIRTHPLACE OF MOTHER (city or town) Delaware (State or country)

14 Informant Hospital Record (Address) _____

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

By RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1931, to Feb 3rd 1931, that I last saw her alive on Feb 3rd 1931, and that death occurred, on the date stated above, at 3:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Oliver Pomeroy, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Valley Lee Md

Date of Burial: 2/3/31

20 UNDERTAKER: Jos. A. Finley Sulton & Fayette

ADDRESS _____

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3

(Marepole) Marpore

1-30—M. & T.—100 B—50L

E 65084

HEALTH DEPARTMENT—CITY OF BALTIMORE

175 E 65084

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lutz Hospital ST. 3-4 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Monroe 68.

(a) RESIDENCE No 915 S Caroline ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct 25th 1889 ~~1941~~

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~39~~ 41	~~2~~	~~8~~	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Seafaring
(c) Name of employer Foreign Boat

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Marapose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Lottie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Lottie Brandy
(Address) 915 S. Caroline St

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: (1) Injury (Fist) Fracture of Skull (duration) yrs. mos 6 hrs

CONTRIBUTORY (Secondary) Shock (duration) yrs. mos. 1 hr.

18 Where was disease contracted, if not at place of death? Injury at Park

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) G. C. Glades, M. D. Coroner

, 19 (Address) 143 N Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 2/7/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

244951 E 65085

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65085

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 21-29 WARD)

2-FULL NAME Thelma Jacobs

(a) RESIDENCE No. 829 Ostend ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-30-30

7 AGE Years ..... Months 6 Days 3 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Daniels

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Car

12 MAIDEN NAME OF MOTHER Viola Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

JOHN E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb 2, 1931, that I last saw her alive on Feb 2, 1931, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia with septicemia (Staphylococcus aureus)

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) pyothorax of right lung (Staphylococcus aureus)

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-ray & blood culture

(Signed) J. L. Topley, M. D.

2/2, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Cem

DATE OF BURIAL 2-4 1931

20 UNDERTAKER John H. Troadwin

ADDRESS 1027 Druid Hill

FEB 4 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65086

CERTIFICATE OF DEATH.

109

72-30

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 682 Washington Blvd. ST. WARD

2. FULL NAME Adelaide W. Wallace

(a) RESIDENCE NO. 682 Washington Blvd. ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Wallace

6 DATE OF BIRTH (month, day, and year) February 5, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Lawson Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Amanda V. Clowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mr. C. R. Wallace (Address) 5005 Illinois Ave. ~~Washington, D. C.~~

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1931 to Feb. 2, 1931 that I last saw her alive on Feb. 3, 1931 and that death occurred, on the date stated above, at 7.05 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia due to hypostatic congestion (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Old age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. L. Freilinger M. D.

2/3, 1931 (Address) 682 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Cemetery Leesburg, Virginia

DATE OF BURIAL Feb 5th 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore, St.

TION is very important. See instructions on back of certificates

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65087

CERTIFICATE OF DEATH.

93-003

E 65087

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

15-22

1-PLACE OF DEATH

City of BALTIMORE: (No. 1370 Whatcoat St. Ward)

2-FULL NAME William Young.

(a) RESIDENCE NO. 1320 Whatcoat St. _____ Ward _____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE 51 Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) odd
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Alex Young

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Alice Evans

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lorenzo Young
(Address) 1372 Whatcoat St.

15 Filed FEB 4 1931 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1931 19

17 I HEREBY CERTIFY, That I attended deceased from 1-28-31 19....., to 2-1-31, 19.....,
that I last saw him alive on 2-1-3, 19.....,
and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:
myocarditis

(duration) yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Ernest C. Melvin, M. D.

, 19 (Address) 2029 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Feb 4 1930

20 UNDERTAKER Virginia E. Brooks ADDRESS 1963 Pa. Ave

OF DEATH in plain terms, so that it may be properly classified. PART SECOND of CERTIFICATE OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Tom Bing Nam

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 ME 65088

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 65088

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 E. Monument ST. 10-14 WARD)

2 FULL NAME Tom Bing Nam

(a) RESIDENCE NO. 938 E. Monument ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

Length of residence in city or town where death occurred 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Caucasian	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER Tom Wai Mon

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Tom See Kew
(Address) 938 E. Monument St.

15 Filed FEB 4 1931 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/31

17 I HEREBY CERTIFY, That I attended deceased from May, 1930, to Feb 1, 1931 that I last saw him alive on Jan 20th, 1931 and that death occurred, on the date stated above, at 7 A. m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 10 mos. ... ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary test

(Signed) Dr. H. Belsey M. D.

Feb 2, 1931 (Address) 2105 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 4 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

FOR IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65089 106 E 65089 002

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3426 Virginia ave ST. 27-56 WARD)

2-FULL NAME Benjamin Franklin Spedden

(a) RESIDENCE NO. 3426 Virginia ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE of~~ Minnie L Spedden

6 DATE OF BIRTH (month, day, and year) Dec 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer. 3yr

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER Robert Spedden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Spedden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Minnie Spedden
(Address) 3426 Va. ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 12th 1931 to Feb 2nd 1931 that I last saw him alive on Feb 2nd 1931 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Bronchitis

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Senility & Exhaustion

~~(duration)~~ yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical Exam

(Signed) C. B. Emory, M. D.

2-3, 1931 (Address) 4936 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Feb 5 1931

20 UNDERTAKER John F. Denny — ADDERSS 715 Light St

FEB 4 1931 HARRY W. JONES, JR.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65090

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 65090

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... ST., 9-46 WARD)

2-FULL NAME Mr. John E. Folks

(a) RESIDENCE NO. 2915 Kirk Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 23, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	64	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER John E. Folks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lua Baker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Son
(Address) 2915 Kirk Ave Balt. Md.

15 Filed ..... 19 ..... Registrar

FEB 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 13, 1931, to February 3, 1931, that I last saw him alive on February 3, 1931, and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? 2 yrs. mos ds.

CONTRIBUTORY
(Secondary)
Myocarditis (duration) — yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death? Farm

Did an operation precede death? No Date of Jan 24, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. T. Shackleford, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spalmer Family Cty.

DATE OF BURIAL 2/6 1931

20 UNDERTAKER F. Lassahn & Son

ADDRESS 7401 Belair Rd.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65091

CERTIFICATE OF DEATH

11-08 E 65091

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 S. Bond St. ST. 26-1 WARD)

2. FULL NAME Frank Posinski

(a) RESIDENCE NO. 1017 S. East Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 10 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George Posinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Michalina Nowak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helania Posinski
(Address) 803 S. Bond St.

15 Filed ....., 19.. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to Feb. 2, 1931 that I last saw him alive on Feb. 2, 1931 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Acute Follicular Tonsilitis
Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kurkowski M. D.

2/3 1931 (Address) 2574 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Feb. 5 1931

20 UNDERTAKER John T. Weber & Sons ADDRESS Chester Md

Spec.—1-10-21—M&T—1500 Blks.

65092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106 602

E 65092

15-65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Norfolk Av ST., WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barney Hymowitz

(a) RESIDENCE NO. 3902 Norfolk ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida H. Hymowitz

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: 65 Years Months Days If LESS than 1 day, ___ hrs or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Hymowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Lewis (Address) 1739 E. Baltimore St.

15 Filed _____ 19 _____ JOHN JOHNSON JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febr 3d 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Febr 3d, 1931, that I last saw him alive on Febr 3d, 1931, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Chronic Bronchitis, Emphysema, Bronchiectasis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph E. Johnson, M. D.

Febr 3 1931 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinai Cemetery

DATE OF BURIAL: 2-4 1931

20 UNDERTAKER: Jack Lewis

ADDRESS: 1739 E Balto

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65093

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 65093

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 E. Lanvale ST., 9-18 WARD)

2-FULL NAME Anna Amelia Rumpf

(a) RESIDENCE No. 1118 E Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John P. Rumpf

6 DATE OF BIRTH (month, day, and year): Jan 18/1855

7 AGE: Years 76 Months 0 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John P. Yeager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John P. Rumpf
(Address): 1118 E Lanvale St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1931, to ~~Jan~~ Feb 2, 1931, that I last saw her alive on Jan 28, 1931, and that death occurred, on the date stated above, at 7 AM m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis & Arteriosclerosis

(duration) years yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Confinement
(duration) years yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1118 E Lanvale

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Chemical

(Signed) D. Carman, M. D.

2 2, 1931 (Address) 1207 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: Feb 4/31 19

ADDRESS: 2016 Orleans St

20 UNDERTAKER: Philip Herring

C. HARRY JONES, M. D.
FEB 2 1931

Spec.—9-30—A. & Co.—250 Bks

E 65094

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 65094

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 6-10 (Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Conrad Blazer

(a) RESIDENCE No. 216 N. Belnord Ave. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 6-20-16, 19..., to 2-3-31, 19..., that I last saw him alive on 2-3-31, 19..., and that death occurred, on the date stated above, at 9:05 A.M.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic; arteriosclerosis (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-3-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feby 5 1931

20 UNDERTAKER John Ullrich

ADDRESS 2068 Aisquith

Spec.—1-30—M. & T.—250 Bks

E 65095 HEALTH DEPARTMENT—CITY OF BALTIMORE 53-005

E 65095

CERTIFICATE OF DEATH.

REGISTERED NO. 21-43

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William Haslup

(a) RESIDENCE NO. 2706 Hemlock Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Records of

(Address) Balto. City Hosp.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 1-30-31, 19 to 2-3-31, 19

that I last saw him alive on 2-3-31, 19

and that death occurred, on the date stated above, at 8:10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck with local metastases.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of ?

Was there an autopsy? no

What test confirmed diagnosis? Clin. exam.

(Signed) Fred W. Quickwall, M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Feb 6 1931

20 UNDERTAKER John Ullrich

ADDRESS 2008 Gilmore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65096

-001 ✓ 77 E 65096

CERTIFICATE OF DEATH.

8-45

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 Cliftview Ave. ST., ... WARD)

2-FULL NAME WILLIAM E. DERR

(a) RESIDENCE No. 1646 Cliftview Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Derr

6 DATE OF BIRTH (month, day, and year) January 10, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	43		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) 05

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER V. E. Derr

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER R.A. Greenleaf

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs. Edith M. Derr
(Address) 1646 Cliftview Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3rd, 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1930 to 2-3, 1931, that I last saw him alive on 2-3, 1931, and that death occurred, on the date stated above, at 7:15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Lead Poisoning

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Paul Miller, M. D.

2/4. 1931 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Feb. 5, 1931

20 UNDERTAKER Frederick Lassahn & Son

ADDRESS 7401 Belair Rd

FEB 4 1931

Spec.—1-12-23—M&T—500 Bks.

E 65097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-E 65097

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 N. Mount St. (WARD) 45-21

2-FULL NAME Willie Nash

(a) RESIDENCE No. 1709 N. Mount ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Brown Nash

6 DATE OF BIRTH (month, day, and year) 6-12-1877

7 AGE: Years 53 — Months 57 — Days 7 — If LESS than 1 day, ... hrs or ..... min. 21

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant William Nash, Son

(Address) 1709 N. Mount St.

15 Filed 4 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-1931

17 I HEREBY CERTIFY, That I attended deceased from 12-5-1931, to 2-3-1931, that I last saw her alive on 2-3-1931, and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Geiger M. D.

, 19 (Address) 1510 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/5 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman

B

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

65098

HEALTH DEPARTMENT—CITY OF BALTIMORE

65098

931003

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 90-69 (WARD)

CITY OF BALTIMORE: (No ..... St.)

2. FULL NAME Irvin Stump

(a) RESIDENCE No. 2574 Hollins St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Stump

6 DATE OF BIRTH (month, day, and year) Sept 13 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) out of work

(c) Name of employer Balto.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Stump

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 C. HAWSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 2-2-31, 19..., to 2-3-31, 19... that I last saw him alive on 2-3-31, 19... and that death occurred, on the date stated above, at 2:25 A. m.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic (duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

2-3, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/5, 19 31

20 UNDERTAKER F. C. Nuffort ADDRESS 1850 N. Gilmore

Spec.—9-30—A. & Co.—250 Bks. Dr Blood 2216 Garrison Blvd

65099 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65099

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Glen Allen Drive ST.) 25-66 (WARD) Hunting Ridge

REGISTERED No. 11-001 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Arthur L. Knott

(a) RESIDENCE No. 700 Glen Allen Drive ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

~~5a~~ If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 5th 1922

7 AGE: Years 8 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Belmont, Md.

PARENTS

10 NAME OF FATHER: Fred C. Knott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Belmont, Md.

12 MAIDEN NAME OF MOTHER: Lorraine E. Lawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gittings, Md.

14 Informant: Fred. C. Knott Jr.
(Address) 700 Glen Allen Drive

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 / 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 2, 1931 that I last saw him alive on Feb 2, 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

"Flu Pneumonia"

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M Bauman Blood M. D.

2/3, 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL 2/4/31, 19

20 UNDERTAKER: C. H. Stephan — ADDRESS 1305 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

134-602 E 65100

CERTIFICATE OF DEATH

E 65100

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Entrance ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Faulkner

(a) RESIDENCE NO. 2111 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie Faulkner

6 DATE OF BIRTH (month, day, and year) May 10th 1867

7 AGE Years 63 Months 6 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Tonson, Md

PARENTS

10 NAME OF FATHER Thomas D Faulkner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Tonson, Md

12 MAIDEN NAME OF MOTHER Susanna Tew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Ellie Faulkner

(Address) 2111 E Lombard St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1/31

17 I HEREBY CERTIFY, That I attended deceased from 1/29, 1931, to 2/1, 1931, that I last saw him alive on 2/1, 1931, and that death occurred, on the date stated above, at 10.30 a.m. in.

The CAUSE OF DEATH* was as follows:

Constipation

Bladder Stone

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Continuous Hemorrhage from bladder (duration) yrs. — mos. 2 ds. 1

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/30/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. A. Kenny, M. D.

, 19 (Address) West Baltimore Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/4, 1931

ADDRESS

20 UNDERTAKER F. O. Hopkins 1305 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

Dr Yearick 601 N Kenwood Ave

E 65101

E 65101

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-002

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 E. Jefferson St. 610 WARD)

2. FULL NAME Bernard J. Burke

(a) RESIDENCE No. 2611 E. Jefferson St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth 57 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Genevieve Denner

6 DATE OF BIRTH (month, day, and year) July 6th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 666

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary

12 MAIDEN NAME OF MOTHER Margaret Mentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Regina Gunther
(Address) 2611 E. Jefferson St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/31

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1929, to Feb. 2, 1931, that I last saw him alive on Feb. 2, 1931, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) William Ryan Rennet M. D.
2/3/31, 19 (Address) 801 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/5/31, 19

20 UNDERTAKER F. B. Wappert

ADDRESS 300 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

E 65102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 / E 65102

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1714 Division St., 14-70 Ward)

2-FULL NAME Ella Weeden

(a) RESIDENCE NO. 1714 Division St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residenre in rity or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 68 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer: None

9 BIRTHPLACE (city or town): ?
(State or country)

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town): ?
(State or country)

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town): ?
(State or country)

14 Informant: William Weeden
(Address): 1714 Division

15 Filed ....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leech, M. D.

Feb. 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: Lewis Eaton — ADDRESS: 916 Cam

important. See instructions on back of certificate.

B 4 1931

Spec.—1-30—M. & T.—250 Bks

E 65103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65103

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Warner ST., 7-1-31 WARD)

2.-FULL NAME Esther Stewart

(a) RESIDENCE No. 1002 Warner ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 6 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	10 9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) 085

(c) Name of employer Sherman - Simply Furniture Co

9 BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lillie Smith (Address) 1002 Warner

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/31

17 I HEREBY CERTIFY, That I attended deceased from 1/29, 1931, to 2/2, 1931, that I last saw him alive on 2/1, 1931, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of No

Was there an autopsy? —

What test confirmed diagnosis? None

(Signed) Dan Franklin M. D.

2/2, 1931 (Address) 1212 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cem

DATE OF BURIAL Feb 4, 1931

20 UNDERTAKER Joseph A Lively

ADDRESS 402 N Mount St

Spec.—1-30—M. & T.—250 Bks

245-H9 E-65104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. E 65104

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 18-26 (WARD)

2-FULL NAME William Hall

(a) RESIDENCE No. 1028 N. Fayette ST. St — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31-1926

7 AGE: Years 5 — Months — Days 2 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Ord

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J. —

PARENTS

10 NAME OF FATHER John Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga —

14 Informant Friends —
(Address)

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to Feb. 3, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 2 10 P m.

The CAUSE OF DEATH* was as follows:

Meningococcus meningitis

(duration) ....yrs. ....mos 2 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lumbar puncture

(Signed) A. E. Kuttner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: W. W. Rouston

ADDRESS: 2238 W Balto

1-30—M. & T.—100 B—50L

E 65105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

6-9

E 65105

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Mullikin ST. ..... WARD)

2-FULL NAME Elizabeth Jones

(a) RESIDENCE No 1748 Mullikin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Reed Jones

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Henderson, N.C.

PARENTS

10 NAME OF FATHER Thomas Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Thomas H. Jones
(Address) 1748 Mullikin St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Failure

(History of High Blood Pressure)
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Feb 3 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL Feb 4 1931

20 UNDERTAKER Wm. R. G. Elliot ADDRESS 1725 Eastern Ave

A 1931 [illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-002

E 65106

CERTIFICATE OF DEATH.

E 65106

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore Eye Ear & Throat Hosp

CITY OF BALTIMORE: No 1214 Eutaw Place ST. (Ward) 11 Ward 24

2-FULL NAME Mrs Eliza Armstrong

(a) RESIDENCE. No. Windsor Road ST., Ludlow Park WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George H Armstrong

6 DATE OF BIRTH (month, day, and year) Jan 26 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		7 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Aquilla Leaf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eliza Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Armstrong (Address) Ludlowtown Park

15 Filed FEB 4 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1931, to Feb 8 1931, that I last saw her alive on Feb. 3 9 30 pm 1931, and that death occurred, on the date stated above, at 1 30 pm.

The CAUSE OF DEATH* was as follows: Meningitis, septic

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bilateral mastoiditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/2/31

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) N K Fleagle, M. D.

, 19 (Address) 513 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet DATE OF BURIAL Feb 5 1931

20 UNDERTAKER George J Smith ADDRESS 532 Hollins

FROM is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

65107 HEALTH DEPARTMENT—CITY OF BALTIMORE 65107

CERTIFICATE OF DEATH.

133-002

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Calhoun St.) (Ward) 16-23

2. FULL NAME Agnes Ebb

(a) RESIDENCE No. 915 N. Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Ebb

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: 51 Years 50 Months ..... Days ..... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Agnes Leathem
(Address): 915 N. Calhoun

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/1/31

17 I HEREBY CERTIFY, That I attended deceased from 1-17-, 1931, to 2-1-, 1931 that I last saw her alive on 2-1-, 1931 and that death occurred, on the date stated above, at 10-40 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia - acute
Cystic - nephritis.

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. J. Jackson M. D.

2/4/1931 (Address) Woodlawn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL: Mt. Auburn Cem. DATE OF BURIAL: 2/4/31 19

20 UNDERTAKER: Samuel Hensley ADDRESS: W. Side

Spec.—9-30—A. & Co.—250 Bks

E 65108

HEALTH DEPARTMENT—CITY OF BALTIMORE

11002 E 65108

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Frances St. Ward) 13-59

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minnie E Thacker

(a) RESIDENCE NO 2632 Frances ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of the late Edward J Thacker.

6 DATE OF BIRTH (month, day, and year) June 15. 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66 yrs	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Thacker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr Dallas Thacker
(Address) 2632 Frances St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/1931.

17 I HEREBY CERTIFY, That I attended deceased from Jany 31, 1931, to Feby 3, 1931 that I last saw her alive on Feby 3, 1931 and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:
Influenza with comp of Lungs
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Weak heart action
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Visible

(Signed) [illegible] M. D.

2/3/1931 (Address) 1605 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	2/5/1931
20 UNDERTAKER John J Howard & Son	ADDRESS 901 Hollins St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 65109

65109

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Appleton St. ST. 15-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Lane

(a) RESIDENCE NO. 1620 Appleton St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ennis Lane

6 DATE OF BIRTH (month, day, and year) March 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 077

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER William McFeltigal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Daniel Lane
(Address) 1620 N. Appleton St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to Feb 3rd, 1931, that I last saw her alive on Feb 3rd, 1931 and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Sullivan, M. D.

2/4, 1931 (Address) 1701 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb. 6, 1931

20 UNDERTAKER Martin Fahey

ADDRESS 1827 W. Northern

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65110

CERTIFICATE OF DEATH.

108 E 65110

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 70-69

2 FULL NAME Reita Harper

(a) RESIDENCE NO. 2612 Cole ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Harper

6 DATE OF BIRTH (month, day, and year) April 16, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Cambridge
(State or country) Md.

PARENTS

10 NAME OF FATHER Urias Taylor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Pearl Hughes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

FEB 4 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 1-27-31, 19..., to 2-3-31, 19...

that I last saw her alive on 2-3-31, 19...

And that death occurred, on the date stated above, at 3:25 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget, M. D.

2-7, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Federalsburg Md. DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS* North & Penn.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65111

108 E 65111

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 232 Laurens St., 14 Ward)

2-FULL NAME Mary B Cullen

(a) RESIDENCE NO. 232 Laurens St. 14 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Daniel M Cullen

6 DATE OF BIRTH (month, day, and year) about Dec 16/1865

7 AGE 65 Years 66 Months / Days 17 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph M Sudsburg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bavaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Louis P Cullen

(Address) 232 Laurens St

15 Filed ... 19 ... Rose Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 February 3 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 3, 1931, that I last saw her alive on Feb 3, 1931, and that death occurred, on the date stated above, at 10 10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 3840 Falls Road

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Edwin Kent Ballard M. D.

2/4. 1931 (Address) 1612 Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cem — Date of Burial 2/6/1931

20 UNDERTAKER: Walter Davis — ADDRESS 3418 Chestnut Ave

very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65112

25

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~616 Harford Ave~~ ST. 5-8 WARD)

2-FULL NAME George Stokes

(a) RESIDENCE NO 616 Harford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 52 h			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab.rer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country) "
12 MAIDEN NAME OF MOTHER "
13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Police Dept
(Address)

15 Filed ..... 192 ..... Registrar

5439

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism?
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Feb 2/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER Commissioner Health

Cor.—10-10-29—A Co.—100 Bks.

E 65113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓ E 65113

11-25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 502 S.Charles St. St., Ward)

2-FULL NAME William Davis.(C)

(a) RESIDENCE NO. 502 S.Charles St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs.; ——— How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 30	———		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) West Indeas.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. #19. S!D.
(Address)

15 Filed ..., 19..

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/2/31 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~JOHNS HOPKINS HOSPITAL~~

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

FEB 2 - 1931

important. See instructions on back of certificate.

5440

Spec.—9-30—A. A. Co.—250 Bks.

65114 HEALTH DEPARTMENT—CITY OF BALTIMORE L 65114

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 3-4 ..... WARD)

2 FULL NAME Clifford Mills

(a) RESIDENCE No. 238 S. Bethel st. ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ula Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Hospital Records (Address)

15 Filed Feb 4, 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 19 31, to Feb. 1, 19 31 that I last saw him alive on Feb. 1, 19 31 and that death occurred, on the date stated above, at 4.45 p.m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

2-1, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS FEB 4 - 1931

Spec—9-30—A. & Co.—250 Blks

65115 HEALTH DEPARTMENT—CITY OF BALTIMORE 65115

CERTIFICATE OF DEATH.

159

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital ST. 7-13 WARD)

CITY OF BALTIMORE: (NO .....

2. FULL NAME Baby Holt ST. ..... WARD .....

(a) RESIDENCE NO. 1051 N. Durham (If non resident give city or town and State)

(Usual place of abode)

How long in U. S., if of foreign birth? yrs. mos. ds.

length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 19/31.

7 AGE Years — Months — Days One If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Holt

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Alice Patterson

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant (Address) Johns Hopkins Hospital.

15 Filed ..... 19 ..... AKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20/31

17 I HEREBY CERTIFY. That I attended deceased from 1-19-, 1931, to 1-20-, 1931. that I last saw him alive on 1-20-, 1931. and that death occurred, on the date stated above, at 1 30 P m. The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) E. P. Harrison M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

20 UNDERTAKER Commissioner Health

DATE OF BURIAL 19

ADDRESS

FEB 4 - 1931

Spec.—1-30—M. & T.—250 Bks

E 65116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65116

CERTIFICATE OF DEATH.

107-001

8-17

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. ..... WARD)

2-FULL NAME Constance Giles

(a) RESIDENCE NO. 1740 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of July 1930

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ..... Months 6 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Rich. Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elsie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records — JOHNS HOPKINS HOSPITAL
(Address)

15 Filed FEB 4 1931 19 ..... H. PEARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 1, 1931, that I last saw her alive on Feb 1, 1931, and that death occurred, on the date stated above, at 10 15 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) G. C. Goodwin, M. D.

2/2, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS FEB 4 - 1931

Spec.—1-30—M. & T.—250 Bks.

E 65117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65117

93-003

CERTIFICATE OF DEATH.

28-63

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Groveland Ave. ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence May Hoffman,

(a) RESIDENCE NO. 4303 Groveland Ave. ST., ... WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward F. Hoffman,

6 DATE OF BIRTH (month, day, and year) March 18.1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. E. Wheeler,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Elizabeth Vanhorn,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Edward F. Hoffman (Address) 4303 Groveland Ave.

15 Filed FEB 4 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Feb. 3, 1931, that I last saw him alive on Feb. 3, 1931, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Rheumatic Endocarditis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lundgren, M. D.

, 19 (Address) 3409 Cullingham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL FEB 6 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE

Spec.—1-30—M. & T.—250 Bks.

E 65118

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 65118

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Beaufort Ave/ ST 27-56 WARD

2-FULL NAME M. Alexine Switzer,

(a) RESIDENCE No. 5004 Beaufort Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Switzer,

6 DATE OF BIRTH (month, day, and year) December 30 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Leonard Hartzell,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Apalvnia Boulden,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Leonard S. Switzer
(Address) 5004 Beaufort Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 4, 1931, that I last saw her alive on Feb 4, 1931, and that death occurred, on the date stated above, at 2:55 A m.

The CAUSE OF DEATH* was as follows:
Cardiac Dilitation
Endocarditis

(duration) ..... yrs. ..... mos 5 ..... ds.

CONTRIBUTORY (Secondary) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thomas G. Yost, M. D.

, 19 (Address) 5106 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL FEB 5 1931, 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks

24574
E 65119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65119

CERTIFICATE OF DEATH.

134-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Richard Harris

(a) RESIDENCE No. 802 - Fourth ST., Greenville N. C. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Retha

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 54 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): N. Carolina

PARENTS

10 NAME OF FATHER: Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Carolina

12 MAIDEN NAME OF MOTHER: Louisa Coggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Carolina

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 4 1931 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-4-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-, 1931, to 2-4-, 1931, that I last saw him alive on 2-4-, 1931, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:
Pyelonephritis, Interstitial
Bronchopneumonia
Septicaemia, B. coli
(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Nephrolithiasis, Chlist. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 2/2/31

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) H. Smith, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenville N. C.

DATE OF BURIAL: Feb 4 1931

20 UNDERTAKER: Hughes & Jones Inc

ADDRESS: Rich & Broadway

Spec.—1-30—M. & T.—250 Bks.

E 65120 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65120

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Wilcox ST. 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Wittick

(a) RESIDENCE NO. 1115 Wilcox ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? Sept yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of the late (or) WIFE of Charles Wittick

6 DATE OF BIRTH (month, day, and year) March 28 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	71	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Charles Foose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr. Charles Wittick
(Address) 1115 Wilcox

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1927, to Feb 3, 1931, that I last saw her alive on Feb 3, 1931, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. McCarter, M. D.

2/4, 1931 (Address) 1114 Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Matthew Cemetery

DATE OF BURIAL: 2/6/31, 19

20 UNDERTAKER: Henry Hoey, Inc.

ADDRESS: 1301 E Eager St

Spec.—1-30—M. & T.—250 Bks.

E 65121

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 65121

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Holbrook ST., 9-18 WARD)

2-FULL NAME August H. Bockstie

(a) RESIDENCE No. 1528 Holbrook ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Male

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ of Annie M. Bockstie

6 DATE OF BIRTH (month, day, and year) November 5 1856

7 AGE: Years 74 | Months 2 | Days 27 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer): doing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Franz Bockstie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Schumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: M. Lawrence Bockstie
(Address) 1528 Holbrook St

15 Filed 4 1931, 19 ..... C. HUMPSON Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Feb 2, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Arteriosclerosis & Arthritis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Infirmities of Age

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1528 Holbrook St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Chemical

(Signed) R. T. Carman M. D.

2-2-1931 (Address) 1701 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Valley Reformed Cemetery

DATE OF BURIAL: 2/5 1931

20 UNDERTAKER: Henry Weck & Son. Inc.

ADDRESS: 1301 E Eager St

Spec.—1-30—M. & T.—250 Bks

E 65122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65122

107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9 S Hilton St. ST. 20-20 WARD)

2-FULL NAME Josephine R. Ecker

(a) RESIDENCE (Usual place of abode) No. 9 S. Hilton ST., _____ WARD _____ (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victor A. Ecker.

6 DATE OF BIRTH (month, day, and year) Sept 12, 1881

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
49	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Lloyd S Buckingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Hook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Victor A. Ecker (Address) 9 S. Hilton St.

15 Filed 1931 19 C. HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 3, 1931, that I last saw h e alive on Feb 3, 1931, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J T Kyper, M. D.

19 (Address) 5321 Reisterstown Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 2/6 1931

20 UNDERTAKER Harry J. Mutzke

ADDRESS 1101 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 65123

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1853 N. Collington Ave ST. 8-16 WARD)

2-FULL NAME Mary Ackerman

(a) RESIDENCE NO. 1853 N. Collington Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Henry G. Ackerman

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frederick Uhl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs Mona Gartley
(Address): 1853 N. Collington Ave

15 Filed FEB 4 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1931

17 I HEREBY CERTIFY, That I attended deceased from January 28, 1931, to Feb. 4, 1931, that I last saw her alive on Feb. 4, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Catarrhal

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. A. Milner, M. D.

Feb. 4, 1931 (Address) Hyde & Clair Roads

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 2/7/31

20 UNDERTAKER: Henry Hoch & Sons Inc.

ADDRESS: 1301 E Eager St

Cor.—10-10-29—A Co.—100 Bks.

E 65124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65124

CERTIFICATE OF DEATH

169

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp St. 1-2 Ward)

2-FULL NAME John D. Phillips

(a) RESIDENCE NO. 2712 E. Eager St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie Phillips

6 DATE OF BIRTH (month, day, and year): 6 17 1866

7 AGE: Years 64 Months 3 Days 19 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Soft Drinks
(c) Name of employer: Phillips Bros.

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Louis Phillips

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Tally

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Sophie Phillips
(Address): 2712 E. Eager St.

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Fractured Skull

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Jumped out window

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. J. Hoffmeister M. D.
Coroner

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 2/5 1931

20 UNDERTAKER: William Cook

ADDRESS: 1217 E. Pratt St.

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Dr Talbot 1355 W North Ave

E 65125 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65125

CERTIFICATE OF DEATH.

107

16-68

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 N. Bentalou ST. WARD)

2. FULL NAME Laura V. Stephens

(a) RESIDENCE No. 1219 N. Bentalou ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David N. Stephens

6. DATE OF BIRTH (month, day, and year): May 9 1862

7. AGE: Years 68 Months 8 Days 24 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: At Home

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Frederick Carroll

11. BIRTHPLACE OF FATHER (city or town) (State or country): Md

12. MAIDEN NAME OF MOTHER: Rachel R. Morgan

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant: Loretta Reil
(Address): 1219 N. Bentalou St

15. Filed 4 1931 19.. C. Hampson Jones M.D. Registrar

APH

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Feb 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 3, 1931 that I last saw her alive on Feb 3, 1931 and that death occurred, on the date stated above, at 6.20 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) ... yrs. ... mos. 5 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Fidel Talbott M. D.

2/4, 1931 (Address) 1355 W. North Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

20. UNDERTAKER: W. M. Cook

DATE OF BURIAL: 2/5 1931

ADDRESS: 1217 N. Paul St

1-30—M. & T.—100 B—50L

E 65126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓ E 65126

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 N. Wolfe ST., 7-13 WARD)

2-FULL NAME Robert Bell

(a) RESIDENCE NO 926 N. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20/1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	00	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Maker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Alice Bell
(Address) 926 N. Wolfe St

15 Filed ..... 192 ..... Registrar

C. HARRISON JONES, M. D.
4 1931
Per ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Senile)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], Coroner, M. D.

Feb. 4/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL 2/8/31 19

20 UNDERTAKER George J. Pratt Inc — ADDRESS 1330 Hanover

Spec.—1-30—M. & T.—250 Bks.

E 65127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 9-4th WARD

2-FULL NAME Julius Ende

(a) RESIDENCE NO. 724 E. 23rd St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Marie [Ligon]

6 DATE OF BIRTH (month, day, and year) 4/15/1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Wm. Ende
(Address) 724 E. 23rd St.

15 Filed 1031, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 3, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 4.25 p m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute pericarditis
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Present + past clinical records

(Signed) Joseph B. Laukaitis, M.D.

, 19 (Address) South Baltimore Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 2/5/31

20 UNDERTAKER George J. Roth Inc ADDRESS 1285 Hoff

Spec.—9-30—A. & Co.—250 Bks.

65128 HEALTH DEPARTMENT—CITY OF BALTIMORE 65128

CERTIFICATE OF DEATH.

59

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Bryant av ST. 13-59 WARD)

2-FULL NAME Victoria Lucchese

(a) RESIDENCE No. 2105 Bryant av. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmelo Lucchese

6 DATE OF BIRTH (month, day, and year) 8/3/1883

7 AGE: Years 45 Months 5 Days 1 If LESS than 1 day ... hrs. or X min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frank Scarpello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carmelo Lucchese
(Address) 2105 Bryant av

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4-31

17 I HEREBY CERTIFY, That I attended deceased from 1-17, 1931, to 2-4-, 1931

that I last saw h. alive on 2-2, 1931

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Diabetes mellitus.
Influenza.

(duration) ... yrs. ... mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Iznaro M. D.

2-4, 1931 (Address) Medical Arts, Balto

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: 2/6/31

20 UNDERTAKER: George J. Mertz Inc — ADDRESS: 173 Hope

Spec.—9-30—A. & Co.—250 Bks.

65129 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65129

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 E. Lombard St. Apt. 4 ST. ..... WARD)

2. FULL NAME Nicholaus Pfeifer

(a) RESIDENCE NO. 1932 E. Lombard St. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 53 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kunigunda Kramer

6. DATE OF BIRTH (month, day, and year) 5-18-1844

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
83	8	15	X

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 67 yr

(b) General nature of industry, business, or establishment in which employed (or employer) Steveston

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14. Informant Louis J. Bach (Address) 1932 E. Lombard St.

15. Filed 4 1931, 19..... C. MARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2-3-31

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to Feb. 3, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) C. Mellen M. D.

2-4, 1931 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre Cem. DATE OF BURIAL 2/7/31.

20. UNDERTAKER George J. Roth Inc. ADDRESS 1735 Hoffman

Spec.—1-30—M. & T.—250 Bks.

E 65130 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65130

CERTIFICATE OF DEATH. X 153

REGISTERED NO. 1-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST., WARD)

2-FULL NAME Alice Thurston (Fleisher)

(a) RESIDENCE NO. Jamboree Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE: Years 38 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): ~~Washington~~

PARENTS

10 NAME OF FATHER: Lee Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lee Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Bert. Newlen (Address)

15 Filed 4 1931, 19 C. HARPER JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/31

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 1931, to 2/4, 1931, that I last saw her alive on 2/4, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Bronchiolitis Reynaud's disease. Septicemia, Pneumonia

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/25/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) George Yeager, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton Va

DATE OF BURIAL: Feb 7 1931

20 UNDERTAKER: R. T. Williams Son

ADDRESS: Waldorf Md

Spec.—1-30—M. & T.—250 Bks.

E 65131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65131

11-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 York Road ST. 27-48 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen J. Bowyer

(a) RESIDENCE No. 4900 York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jefferson Bowyer

6 DATE OF BIRTH (month, day, and year) Oct 25, 1865

7 AGE: Years 65 Months 2 Days 6 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: James Short

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Ann Ingelfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: J. T. Short
(Address): 2334 Barclay St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to Feb 3rd, 1931, that I last saw he alive on Feb 2nd, 1931, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Influenza

Cor Cordis Insufficiency (duration) ..... yrs. ..... mos. 4 da.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. Fergusson M.D.

2/3/1931 (Address) 401 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 6, 1931

20 UNDERTAKER: Easton & Sons

ADDRESS: Ellicott City

NOK

Spec.—1-30—M. & T.—250 Bks

245-091

E 65132

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-001

E 65132

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

2-FULL NAME Sara Watson

(a) RESIDENCE No. 616 E. Fayette ST., St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/25/30

7 AGE: Years | Months 9 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: George Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va -

12 MAIDEN NAME OF MOTHER: Martha Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va -

14 Informant (Address): Records -

15 Filed ....19.... Registrar

B J 1936 H. Hefel Jones M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3-31

17 I HEREBY CERTIFY, That I attended deceased from Feb-1, 1931, to Feb 3, 1931, that I last saw he alive on Feb. 3, 1931, and that death occurred, on the date stated above, at 6 40 a.m.

The CAUSE OF DEATH* was as follows: Pneumococcus Meningitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Pharyngitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) J. C. Goodwin, M. D.

2/3, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn cemetery

DATE OF BURIAL: Feb 6 1931

20 UNDERTAKER: Edward Bryan

ADDRESS 1681 Orleans st.

Spec.—1-12-23—M&T—500 Blks.

E 65133

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓ E 65133

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1926 Division ST. 14-20 WARD)

2-FULL NAME Chas. D. Burley

(a) RESIDENCE NO. 1926 Division ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male ~~Female~~

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13-1883

7 AGE Years 47 Months 6 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Gas

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James E. Burley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Spence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maud H. Williams (Address) 1920 Division St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4-1931

17 I HEREBY CERTIFY, That I attended deceased from 10-1-, 1929, to 2-4-, 1931, that I last saw ~~he~~ alive on 2-4-, 1931, and that death occurred, on the date stated above, at 11 15/a m

The CAUSE OF DEATH was as follows:

Cardio-Vascular renal disease, Hypertension & paralysis

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/5, 1931 (Address) 20 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/7/ 1931

ADDRESS

20 UNDERTAKER Mrs. George H. Holland

Spec.—1-30—M. & T.—250 Bks.

E 65134 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65134

107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Cardani ST., 14 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh Seward

(a) RESIDENCE NO. 211 Schwartz Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Georgania

6 DATE OF BIRTH (month, day, and year) July 4 - 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	41	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Seward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Georgania Seward
(Address) 211 Schwartz Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16, 19 31, to 2-2, 19 31, that I last saw him alive on 2-2, 19 31, and that death occurred, on the date stated above, at 1 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical Case

(Signed) N N Threadgill M. D.

, 19 (Address) 20 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Lovers

DATE OF BURIAL 2/5/ 1931

ADDRESS

20 UNDERTAKER Mr. Geo. H. Holland 1631 Druid Hill

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 65135

E 65135

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. City Hospital ST. 13 WARD)

2-FULL NAME Louis Reitli

(a) RESIDENCE NO 632 S Lakewood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Reith

6 DATE OF BIRTH (month, day, and year) Mar 30 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Reith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Caroline Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Maggie Reith
(Address) 632 S. Lakewood Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? City Hospital

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D. Coroner

, 19 (Address) 1436 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL July 7 1931

ADDRESS 2108 Allegheny

20 UNDERTAKER John Welsch

Spec.—1-30—M. & T.—250 Bks.

E 65136

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65136

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Orleans ST. 6-10 WARD)

2-FULL NAME George J Wahl

(a) RESIDENCE No. 2107 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Lorono Wahl

6 DATE OF BIRTH (month, day, and year) Oct 11-1896

7 AGE: Years 37. Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Balto City Ry
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Wahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Tyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Irene Wahl
(Address) 2107 Orleans St

15 Filed ..... 19 ..... Registrar

B 5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 2-1931

17 I HEREBY CERTIFY that I attended deceased from June, 1930, to Feb 2, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) J. Neff Kay M.D.

2-3-31 (Address) 800 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feby 5-1931

20 UNDERTAKER John Merritt

ADDRESS 2008 Orleans

1-20—M. & T.—100 B—50L

E 65137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65137

CERTIFICATE OF DEATH

23

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 610 WARD)

2-FULL NAME Benjamin Altman

(a) RESIDENCE No 2121 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Altman

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 52 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Samuel Altman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sarah Altman
(Address): 2121 Jefferson St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. J. Weem, Coroner, M. D.

Feb 4/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern and

DATE OF BURIAL: 2/5 19 31

20 UNDERTAKER: Sol Levinson Bro

ADDRESS: 1127 E Balto st

B 5 1931

Spec.—9-30—A. & Co.—250 Bks.

65138

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002 65138

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp

CITY OF BALTIMORE (No. 1514 Denison St. WARD) 10-14

2. FULL NAME Dr Robt Claudy

(a) RESIDENCE No. 1212 E Madison ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Claudy

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE Years 40 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant Alma Claudy
(Address) 1212 E. Madison St.

15 Filed 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 . 1931, to Feb 3 . 1931

that I last saw him alive on Feb 3 . 1931

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows: Interstitial Orchitis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 1/30/31

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Bernard Barnes M. D.

. 19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CRUMATION OR REMOVAL Johnson Crem

DATE OF BURIAL 2 6 1931

20 UNDERTAKER Byrom & Wright

ADDRESS 1218 McCulloh St

Spec.—9-30—A. & Co.—250 Bks.

E 65139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65139

CERTIFICATE OF DEATH.

82-001

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....

26-37

2. FULL NAME Bertha Salsburg (BERTHA M. SALSBERG)

(a) RESIDENCE No. 246 S. Conklin St. 26 Ward .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Op

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Chase Salsburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Bertha Souden

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 1931 C. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 2-2-31, 19..., to 2-3-31, 19...

that I last saw her alive on 2-3-31, 19...

and that death occurred, on the date stated above, at 3:05 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Y unknown

Hypertension (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-3-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb 6th 1931

20 UNDERTAKER Lilly & Feller Inc.

ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65140

E 65140

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3309 Clonmell St. (Ward) 26-1

2. FULL NAME Mary Margaret Brown

(a) RESIDENCE NO. 3309 Clonmell ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 95 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Wm. A. Brown

6. DATE OF BIRTH (month, day, and year) Apr 17 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

037

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER John P. Hammel

11. BIRTHPLACE OF FATHER (city or town) ~~Baltimore~~ (State or country) Germany ~~Md~~

12. MAIDEN NAME OF MOTHER Catherine Torres

13. BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14. Informant Wm. A. Brown Husband
(Address) 3309 Clonmell St.

15. Filed Feb 3 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 3 - 1931

17. I HEREBY CERTIFY, ~~that I attended~~ deceased from Jan 26 31 to Feb 3 31 that I last saw ~~him~~ alive on Feb 3 31 and that death occurred, on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) S. L. Chipman M. D.

Feb 23, 1931 (Address) 321 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Feb. 6th 1931

20. UNDERTAKER Kelly & Feiler Inc.

ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks.

65141

HEALTH DEPARTMENT—CITY OF BALTIMORE

65141

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2812 Quantico Av. St. 15-58 Ward 46

2. FULL NAME Joseph N. Krichton

(a) RESIDENCE No. 2812 Quantico Av. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary D. Krichton

6. DATE OF BIRTH (month, day, and year): Apr 18-1866

7. AGE: Years 65 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): P. O. Ld. Co
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Pa.

PARENTS
10. NAME OF FATHER: Frank Krichton
11. BIRTHPLACE OF FATHER (city or town) (State or country): Pa.
12. MAIDEN NAME OF MOTHER: Martha Mass
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14. Informant: Mr. Krichton
(Address): 2812 Quantico Av

15. Filed ..... 19 ..... Registrar

5 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Feb 4-1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Feb 4, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 2-40 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of liver
(Jaundice)
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxemia + Exhaustion
(duration) 0 yrs. 1 mos. 0 ds.

18. Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

, 19 (Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Feb 6 1931

20. UNDERTAKER: A S Marshall — ADDRESS: 3539 Fall Rd

Spec.—9 30—A. & Co.—250 Bks.

E 65142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65142

CERTIFICATE OF DEATH.

11-001

REGISTERED No. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1589 W. 36 St. (Ward)

2. FULL NAME Julia Ann Worrell

(a) RESIDENCE No. 1589 W. 36 St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of David L. Worrell

6 DATE OF BIRTH (month, day, and year) Aug 14 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co

PARENTS

10 NAME OF FATHER Lincoln Everhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Loudenslagh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Carrie Palmer
(Address) 1589 W. 36 St

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Feb 3, 1931 that I last saw her alive on Feb 3, 1931 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Total Incontinence

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Feb 4, 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery Baltimore	Feb 6 1931

20 UNDERTAKER A. S. Marshall | ADDRESS 3539 Fall Road

Spec.—1-12-23—M&T—500 Blks.

E 65143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65143

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 W. Lombard St. ST. 18-29 WARD)

2-FULL NAME J. Elizabeth Denoe

(a) RESIDENCE NO. 918 W. Lombard St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Washington A. Denoe

6 DATE OF BIRTH (month, day, and year) Oct 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER John Franke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Washington A. Denoe
(Address) 918 W. Lombard St.

15 Filed 5 1931 . 19 C. HARRY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1931, to February 2, 1931, that I last saw her alive on February 2, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. Neuhausen M. D.

2/5, 1931 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL 2/5/31 19

20 UNDERTAKER John R. Simpson Jr.

ADDRESS 221 S. Green St.

Spec.—P 30—A. & Co.—250 Bks.

65144

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED No. E 65144
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... St. 12-31 WARD)

2 FULL NAME Luther Blalock

(a) RESIDENCE NO. 2424 Oak st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 15, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Post Office

(c) Name of employer: U.S. Post Office

9 BIRTHPLACE (city or town) (State or country): Ocean Springs, Mississippe

PARENTS

10 NAME OF FATHER: Richard F. Blalock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mississippe

12 MAIDEN NAME OF MOTHER: Cora L. Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mississippe

14 Informant: Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1931, to Feb. 4, 1931
that I last saw him alive on Feb. 4, 1931
and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:
Acute Caseous Pneumonia

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) David Seiner M. D.

2-4, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loch Raven

DATE OF BURIAL: 2/5 1931

20 UNDERTAKER: H. Harris

ADDRESS: 1432 Gov Pkwy

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65145

E 65145

CERTIFICATE OF DEATH

REGISTERED NO. 16 Powhatan Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Lake Ashburton St. 15-61 (Ward)

2-FULL NAME Virginia Brooks

(a) RESIDENCE NO. 3227 Vickers Rd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Earl H. Brooks

6 DATE OF BIRTH (month, day, and year): December 6-1890

7 AGE: Years 40 Months 1 Days 29 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry F. Snyder

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Francis E. Mudlemary

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Maryland

14 Informant: Mr. Earl H. Brooks
(Address): 3227 Vickers Road

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Hemorrhage due to pistol wound of Right Temple

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death? Lake Ashburton

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Fred Leuck, M. D.

Filed (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 7 1931

20 UNDERTAKER: W. J. Jackson Son

ADDRESS: Balto

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65146

CERTIFICATE OF DEATH.

46

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 N. Fulton Ave WARD) 46-22

2. FULL NAME Martin Talbert Putts

(a) RESIDENCE No. 838 N Fulton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert C. Putts

6 DATE OF BIRTH (month, day, and year) Feb 4 1872

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Gottlieb Stengel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Elizabeth A. Talbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Geo. Stengel 838 N. Fulton Ave

15 Filed ....., 19.... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3-1931

17 I HEREBY CERTIFY, That I attended deceased from July -, 1929, to Feb 3, 1931 that I last saw he alive on Feb. 3, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver,
(duration) 3 & 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) acute cardiac dil. Coma
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Barnes and Hood, M. D.

2/19 31 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Feb 5, 1931

20 UNDERTAKER: H. J. Nicholson Sons

ADDRESS: Mt Pleasant

Spec.—1-30—M. & T.—250 Bks

245042
E 65147

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 65147

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 27-49 (WARD)

2-FULL NAME Eva Marie Giese

(a) RESIDENCE NO. 5920 Bellona Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R. H. Giese

6 DATE OF BIRTH (month, day, and year) Nov. 29 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	2	6	5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Laurence Ellerbrock

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Mane Hoos

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 4, 1931, that I last saw her alive on Feb 4, 1931, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia - Type III
(8 months pregnancy)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Preceded by influenza.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Blood culture.

(Signed) E. H. Harrison, M. D.

, 19 (Address) ~~[illegible]~~ Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park cemetery

DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Chas. H. Black ADDRESS 742 W. Northwave

FEB 5 1931 J. HARRISON JONES

Spec.—1-10-21—M&T—1500 Bks.

E 65148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65148

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ~~630 Sollers Lane~~ ST. 27-48 WARD)

2-FULL NAME Basil William Clarke

(a) RESIDENCE NO. 630 Sollers Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Basil W. Clarke.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Winifred Eyre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mother
(Address) 630 Sollers Lane

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 4, 1931, that I last saw him alive on Feb 3, 1931 and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cellulitis, abdominal wall

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination.

(Signed) John E. Baldwin, M. D.

, 19 (Address) 100 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/6 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 Druid Pond

FEB 5 1931 C. HOWARD JONES M. D. Registrar

Spec.—1-12-23—M&T—500 Bks.

E 65149 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65149

CERTIFICATE OF DEATH.

97

27-41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Belair Road STA WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOHN HARRIS ALLARD

(a) RESIDENCE No. 5004 Belair Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie B. Allard

6 DATE OF BIRTH (month, day, and year): June 1850

7 AGE: Years 80 Months 8 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter & Builder

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edward C. Allard

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary E. Gibbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. Lottie Risch
(Address): 1227 N. Bond St.

15 Filed FEB 5 1931 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3rd, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 4th, 1930, to Feb. 3rd, 1931, that I last saw him alive on Feb. 2nd, 1931, and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis
Cannot say definitely
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anthesia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. Stone, M. D.

Feb 4, 1931 (Address) 4900 Belair Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb. 7 1931

20 UNDERTAKER: Frederick Lanahan & Son

ADDRESS: 7401 Belair Rd.

Spec.—9-30—A. & Co.—250 Bks.

E 65150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. E 65150

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Harford Ave. 10-14 23 WARD)

2 FULL NAME Charles Blackston

(a) RESIDENCE No. 833 Harford ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 25-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Blackston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mamie Blackston
(Address) 833 Harford ave.

15 Filed 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 4, 1931, that I last saw he alive on July 3, 1931, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis

(duration) yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn Cemetery DATE OF BURIAL Feb. 7 19 31

20 UNDERTAKER Wm. H. Johnson ADDRESS 416 N. Carolina St.

Spec.—1-30—M. & T.—250 Bks.

B 65151

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 ✓ B 65151

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Ravenwood Ave ST. 8-40 WARD)

2-FULL NAME Myrtle M. Maher

(a) RESIDENCE No. 3111 Ravenwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Albert Maher

6 DATE OF BIRTH (month, day, and year) Nov. 23 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John. L. Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eleanor Eppler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mr. Albert Maher
(Address) 3111 Ravenwood Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Feb 4, 1931, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 7^25 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of the Uterus

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) R. L. Hawes, M. D.

Feb 5, 1931 (Address) 1301 N Rutland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 2/7/31, 19

20 UNDERTAKER Henry Hoch Sons, Inc. — ADDRESS 1301 E Eager

Spec.—1-30—M. & T.—250 Bks

E 65152

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓

E 65152

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Forest ST. 5-8 WARD)

2-FULL NAME Sallie Thompson

(a) RESIDENCE NO. 327 Forest ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Luther Thompson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	approx 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Henry Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Luther Thompson husband
(Address) 327 Forest St

15 Filed FEB 5 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Latter Part Dec, 19 30, to Feb 4, 1931, that I last saw he alive on Feb 3, 1931, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) R. J. Gosling, M. D.

2/4, 1931 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int. Zion Cem.

DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Mrs. J. G. Socks

ADDRESS 1302 Jefferson

Spec.—1-30—M. & T.—250 Bks

E 65153

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 65153

CERTIFICATE OF DEATH.

13-57

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Keystone Ave ST. ..... WARD)

2-FULL NAME Alice J. Hubbs.

(a) RESIDENCE NO. 3620 Keystone Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of David Hubbs.

6 DATE OF BIRTH (month, day, and year) Aug 20, 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
76	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired job

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Andrew Bailey.

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Mrs Grace Mayne.
(Address) 3620 Keystone Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Feb 3rd, 1931, that I last saw h er alive on Feb 3rd, 1931, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchio Pneumonia

(duration) 36 hours. yrs. mos. ds.

CONTRIBUTORY (Secondary) Virulent Influenza 2 weeks, Hemo

Phlegm 30 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) W. P. Freeman M. D.

2/6 1931 (Address) 364 Forest Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 6, 1931

20 UNDERTAKER Chenoweth Lou

ADDRESS 3615 Chestnut ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65154 95-002 E 65154

1—PLACE OF DEATH

REGISTERED NO. 21-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 504 Wyeth ST. WARD)

2—FULL NAME Elizabeth C Towson

(a) RESIDENCE NO. 504 Wyeth ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William G Towson

6 DATE OF BIRTH (month, day, and year) Oct 23 78

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Andrew Wiesemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hildenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant William G Towson
(Address) 504 Wyeth St

15 Filed 5 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 4, 1931, that I last saw h~~e~~r alive on Feb 2, 1931, and that death occurred, on the date stated above, at 12 10 a. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

About (duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Kaw, M. D.

, 19 (Address) 939 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Feb 7 1931

20 UNDERTAKER W M Roulon

ADDRESS 2238 W Balto

Spec.—1-12-23—M&T—500 Blks.

E 65155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65155

CERTIFICATE OF DEATH.

107-001

28-11

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Athol Avenue, Irvington ST.) WARD

2-FULL NAME Arthur J. Specht

(a) RESIDENCE NO. Athol Avenue, Irvington ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harold Specht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amelia Kessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Arthur Specht
(Address) Athol Avenue Irvington

15 Filed 19 FK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 3, 1931, that I last saw him alive on Feb 3, 1931 and that death occurred, on the date stated above, at 2 20 p m

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl & P Exy

(Signed) J T Kyper, M. D.

19 (Address) 3341 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount View Cem

DATE OF BURIAL Feb. 6 1931

20 UNDERTAKER F. C. Bigenbothon, Jr.

ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65156

93-003

E 65156

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24-33 Ward .....)

2. FULL NAME Vernon Brashers

(a) RESIDENCE NO. 1209 Light St. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 ~~[illegible]~~ mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Brashers

6 DATE OF BIRTH (month, day, and year) May 25, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67 ?	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): odd

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Mt. Airy Md.

PARENTS

10 NAME OF FATHER: R. Brashers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mt. Airy Md.

12 MAIDEN NAME OF MOTHER: Sarah Ann Cain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mt. Airy Md.

14 Informant: Records of
(Address) Balto. City Hosp.

15 Filed 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4-31

17 I HEREBY CERTIFY, That I attended deceased from 1-8-31, 19..., to 2-4-31, 19... that I last saw him alive on 2-4-31, 19... and that death occurred, on the date stated above, at 9:55 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam

(Signed) Paul Padget M. D.

2-4 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 2/5 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Park St

Spec.—1-10-21—M&T—1500 Bks.

E 65157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65157

REGISTERED No. 65157 108 16-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Pulaski ST. (WARD)

2-FULL NAME Bernard Theodore Balzer

(a) RESIDENCE No. 609 N Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nellie G Balzer

6 DATE OF BIRTH (month, day, and year) Sept 12th 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
52	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice driver

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butte, Mont.

PARENTS

10 NAME OF FATHER Bernard T Balzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Proutes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Nellie G Balzer
(Address) 609 N Pulaski St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 3, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) X yrs. X mos 5 ds.

CONTRIBUTORY (Secondary) X

(duration) X yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Rusty Sputum

(Signed) W Wm Williams, M. D.

. 19 (Address) 3200 Sequoia Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 2/6/1931

20 UNDERTAKER Chas J Cowan & Son

ADDRESS 901 Fulton St.

Spec.—9-30—A. & Co.—250 Blks.

E 65158 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65158

82-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Wolfe ST. 8-17 WARD)

2. FULL NAME Catherine M. Ackerman

(a) RESIDENCE No. 1732 N. Wolfe ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Ackerman

6 DATE OF BIRTH (month, day, and year) Oct 16 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Catherine Fry
(Address) 1732 N. Wolfe St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb. 3, 1931, that I last saw h. alive on Feb 3, 1931, and that death occurred, on the date stated above, at 1 18. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert Wiswell M. D.

2/4/1931 (Address) 613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cemetery

DATE OF BURIAL Feb 6 1931

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

E 65159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65159

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 620 S. Broadway ST., 4 WARD)

2—FULL NAME Fannie Greenbaum

(a) RESIDENCE NO. 620 S. Broadway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Dec 13/1854

7 AGE: Years 76 Months 1 Days 21 If LESS than 1 day, ...hrs. or ....min. 22

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 000

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto - Md

PARENTS

10 NAME OF FATHER: Simon Greenbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bessie Bar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Benj. Greenbaum
(Address): 620 Broadway

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2nd, 1931, to Feb. 4th, 1931, that I last saw h e alive on Feb 4th, 1931 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emilie Greving, M. D.

Feb 5th, 1931 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery

DATE OF BURIAL: Feb 6 1931

ADDRESS

20 UNDERTAKER: J. Ahrens & Co
2432 Pennsylvania Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65160

E 65160

82-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St Agnes Hospital ST. 70-72 WARD)

2-FULL NAME Mr Ignatz Leinweber

(a) RESIDENCE NO. 35 S. Hilton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catherine Leinweber

6 DATE OF BIRTH (month, day, and year) Dec 7, 1863

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not employed for 8 yrs

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Alexander Leinweber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Catherine Leinweber
(Address) 35 S. Hilton Ave

15 Filed 1931, 19 ..... Registrar ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 1-7, 1931, to 2-3, 1931, that I last saw him alive on 2-3, 1931, and that death occurred, on the date stated above, at 3.25 a.m.

The CAUSE OF DEATH* was as follows:

Embolism following operation for prostatic hypertrophy (benign) 2 wks

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Suprapubic prostatectomy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 2/2/31.

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Robt Oliver, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb. 6, 1931

20 UNDERTAKER F. A. Wance & son

ADDRESS 703 Hamm

1-30—M. & T.—100 B—50L

E 65161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001 E 65161

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 2-4 WARD)

2-FULL NAME Mary Oszakiewski

(a) RESIDENCE No 409 S. Chapel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 9/1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	8 9	16 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Stephen Oszakiews ki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rucy Franczokwisk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Father
(Address) 409 S. Chapel St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumococcus Meningitis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Exam. Spinal Fluid.

(Signed) J. J. Weber, M. D. Coroner

Feb. 4/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb 7 19 31

20 UNDERTAKER	ADDRESS
F. W. Ozazewski	1950 Eastern Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 65162

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 65162

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Wolf St. ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Cwalinski

(a) RESIDENCE NO. 510 S. Wolf St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 1918

7 AGE: Years 13 | Months 7 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Cwalinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Elsie Tymborska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Cwalinski

(Address) 510 S. Wolf St.

15 Filed 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 4, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kamarowski, M. D.

2/5, 1931 (Address) 2039 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary DATE OF BURIAL Feb. 7 1931

20 UNDERTAKER F. W. Ozazewski ADDRESS 1930 Eastern Ave.

Spec.—8-16-29—L. F. S.—100 Bks.

E 65163

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 65163

CERTIFICATE OF DEATH

REGISTERED NO. 76-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3223 Foster Ave ST., WARD)

2—FULL NAME Cathrine Zedel

(a) RESIDENCE NO. 3223 Foster Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Eugene Zedel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Oganiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poalnd

14 Informant Mrs Feltz Daughter
(Address) 3223 Foster Ave.

15 Filed 5 1931 19 C. Hampson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb. 4, 1931, that I last saw her alive on Feb. 4, 1931 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Pneumonia Bronchial
Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andrew Kurowski, M. D.

2/5, 1931 (Address) 2879 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus DATE OF BURIAL Feb. 7 19 31

20 UNDERTAKER F. W. Ozazewski ADDRESS 1930 Eastern Ave

Spec.—1-30—M. & T.—250 Bks.

E 65164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65164

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woman's Hospital 14-20 WARD)

CITY OF BALTIMORE: (NO. ..... ST., ...

2-FULL NAME Annie G. Crosby

(a) RESIDENCE NO. 242 Laurens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10 1854

7 AGE	Years	Months	Days 24	If LESS than 1 day, ... hrs. or ..... min.
	76	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Howard County
(State or country) Maryland

PARENTS

10 NAME OF FATHER ? Kriegel

11 BIRTHPLACE OF FATHER (city or town) ✓
(State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ✓
(State or country)

14 Informant Mrs. G. A. Meyer
(Address) 5 Beechdale Road

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 19 31, to Feb 4, 19 31, that I last saw her alive on Feb 4, 19 31, and that death occurred, on the date stated above, at 7 47 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (bilateral)
(duration) ✓ yrs. ✓ mos 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis
(duration) 10 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Rudolph J. Schaefer, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2-6 1931

20 UNDERTAKER, John E. Mitchell & Son

ADDRESS 1400 Eutaw Place

Spec.-7-17-26—A Co.—200 Bks.

Walter Spurrier

HEALTH DEPARTMENT—CITY OF BALTIMORE

65165

121 E 65165

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Spurrier

(a) RESIDENCE NO. 302 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Laurence

6 DATE OF BIRTH (month, day, and year) April 19, 1875

7 AGE: Years 55 Months 7 Days 15

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machine Operator

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Spurrier

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Moran

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mr. Howard Spurrier

(Address) 305 W. Lanvale St.

15 Filed ..... 19 ..... C. HOWARD JONES, M. D. Registrar

1931 RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1931, to 2-4, 1931, that I last saw him alive on 2-4, 1931, and that death occurred, on the date stated above, at 11 50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 1? ds.

18 Where was disease contracted at home

if not at place of death?

Did an operation precede death? yes Date of 2-4-31

Was there an autopsy? No

What test confirmed diagnosis? Operative

(Signed) Robert V. Clemente, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemy

Date of Burial Feb 7, 1931

20 UNDERTAKER John O. Mitchell

ADDRESS 1900 Eutaw St

very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

65166 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 65166

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel M Jones

(a) RESIDENCE No. 115 E. Lager St. WARD

(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 31 / 67

7 AGE	Years	Months	Days 5	If LESS than 1 day, ... hrs. or ... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gauger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Kilgore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Harry Bagley

(Address) Union Stock Yard, Balto. Md

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Feb 5, 1931

that I last saw him alive on Feb 5, 1931

and that death occurred, on the date stated above, at 6 06 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular disease (duration) 8+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Geyko M. D.

2/5, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Rockville, Md. DATE OF BURIAL July 1 1931

20 UNDERTAKER John O. Mitchell Jones 1900 Eutaw Place (ADDRESS)

Spec.—1-30—M. & T.—250 Bks

E 65167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65167

CERTIFICATE OF DEATH.

46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (NO. 1720 Linden ave ST., 14-20 WARD)

2-FULL NAME Anna Teresa Pillermeier

(a) RESIDENCE NO. 1720 Linden ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND) of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 26-1878

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	10	9	8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

000

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Pillermeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Mott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles A. Pillermeier
(Address)

15 Filed ..... 19 .....

5 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930, to Feb 4, 1931, that I last saw he alive on Feb 4, 1931, and that death occurred, on the date stated above, at 6.40 P.m.

The CAUSE OF DEATH* was as follows:

Coronary of heart

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Sign + Symptoms

(Signed) Walter A. [illegible], M. D.

Feb 5, 1931 (Address) 54 Franklin ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/7/1931

20 UNDERTAKER G. Weber & Son

ADDRESS 2503 E. Monument

Spec.—1-12-23—M&T—500 Bks.

E 65168

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-021 E 65168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) South Balto General ST., 23-32 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Sullivan

(a) RESIDENCE NO. 1705 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Sullivan

6 DATE OF BIRTH (month, day, and year) Mar. 29, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	10	5	4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry F. Eckhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Frieda Heffner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John W. Sullivan
(Address) 1705 Hanover St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930, to Feb. 3, 1931, that I last saw her alive on Feb. 3, 1931 and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ..... yrs. ..... mos. 35 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — none

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. E. H. Campbell M. D.

2/4, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 2/6/1931

20 UNDERTAKER: G. Weberson Son

ADDRESS: 2503 Edmondson Ave

Spec.—7-17-26—A Co.—200 Bks.

E 65169

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65169

CERTIFICATE OF DEATH

REGISTERED NO. 45-68

1-PLACE OF DEATH

City of BALTIMORE: (No. 2214 N. North Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mechan

(a) RESIDENCE NO. 2214 N. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. Mechan

6 DATE OF BIRTH (month, day, and year) Feb 1855

7 AGE Years 76 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER James Egan

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Helen Radigan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. F. J. Kugel

(Address) 2214 W. North Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931 to Feb 3, 1931, that I last saw h. alive on Feb 3, 1931, and that death occurred, on the date stated above, at 11 45 P.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab findings

(Signed) James A. Rosenberger M. D.

2/5 1931. (Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

Date of Burial 2/7 1931

20 UNDERTAKER H. Brauning Son

ADDRESS 436 Gilmor

very important. See instructions on back of certificates.

5 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

190 E 65170 #1

E 65170

REGISTERED NO. 2331

1-PLACE OF DEATH Found at Hilgartner's Marble Works.

City of Baltimore: (No. Leadenhall St & B.& O.R.R.tracks St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 28	----------	----------	

8 OCCUPATION OF DECEASED Do not know.
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) Do not know.
(State or country)

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) Do not know.
(State or country)

14 Informant Police Report. # S.D.
(Address)

15 Filed 1931 G. HAMILTON JONES, M. D. Registrar

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found January 26, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cold and Exposure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt, M. D.

2/2 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL FEB 5 - 1931

ADDRESS

20 UNDERTAKER Commissioner Health.

THE MORGUE

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 ✓ E 65171

E 65171

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

City of Baltimore: (No. Pier 7 Pratt St. St. 4 6 Ward)

2-FULL NAME Unknown. (C)

(a) RESIDENCE NO. Do not know. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ————

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 40	———		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found January 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/2/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

FEB 5 - 1931

Per Wm. R. Worsell

Important. See instructions on back of certificate.

1931 C. Hanson Jones, M. D.
Per Morris ARH

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65172

145-001

145 E 65172

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 19-Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna A. Horner

(a) RESIDENCE NO. 1507 W. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Horner

6 DATE OF BIRTH (month, day, and year) February 6, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas W. Robertson

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie M. Grube

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mr. Thomas W. Robertson

(Address) 1229 James St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Acute Purulent Peritonitis

following Influenza (NO Autopsy)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (Full trem Pregnancy)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] (Coroner) M. D.

Feb 4/31 (Address) 508 E. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Feb. 6 1931

20 UNDERTAKER [signature] ADDRESS 1003 West Baltimore St.

Very Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

65173 HEALTH DEPARTMENT—CITY OF BALTIMORE 65173

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2816 Walbrook Avenue ST. 15-68 WARD)

2. FULL NAME Mary Cherry

(a) RESIDENCE NO. 2816 Walbrook Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard A. Cherry

6 DATE OF BIRTH (month, day, and year): March 5, 1880

7 AGE: Years 50 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

037

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Frederick Spangenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Lachenmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Mr. William F. Spangenberg
(Address) 2816 Walbrook Avenue

15 Filed, 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1931, to Feb. 3rd, 1931, that I last saw her alive on Feb. 3rd, 1931, and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arterio-Sclerosis (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Isaac C. Dickson M. D.

Feb 4, 1931 (Address) 3055 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

UNDERTAKER: Joseph B. Cook

DATE OF BURIAL: Feb. 6, 1931

ADDRESS: 1003 West Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

E 65174

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65174

CERTIFICATE OF DEATH.

X 93-003

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd st & Calvert St. ST. 11-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fairfax Landsheet

(a) RESIDENCE NO. 1021 Park Ave ST., ... WARD New York N. Y.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs Fairfax Landsheet

6 DATE OF BIRTH (month, day, and year) 6-17-64

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired. JBD

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Landsheet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Swink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Records

(Address)

15 Filed 1931 C. HAMPSON JONES, M.D. 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/31

17 I HEREBY CERTIFY, That I attended deceased from 9-26, 1930, to 2-5-, 1931,

that I last saw h. alive on 2-5, 1931,

and that death occurred, on the date stated above, at 9.25 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

(duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? New York.

Did an operation precede death? No Date of ——

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) Francis W. Stluck, M. D.

2/5, 1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York N. Y. DATE OF BURIAL Feb 6th 1931

20 UNDERTAKER Henry J. Jenkins Sons. ADDRESS Oakland Ave - Balto

Spec.—1-30—M. & T.—250 Bks.

E 65175 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65175

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 400 Cold Spring Lane ST. 27-53 WARD.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stewart L. Bryant

(a) RESIDENCE No. 400 Cold Spring Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Cecelia M. Bryant

6 DATE OF BIRTH (month, day, and year) Nov. 4-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Frances Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Cecelia M. Bryant
(Address) 400 Cold Spring Lane

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4-1931

17 I HEREBY CERTIFY: That I attended deceased from Jan. 5 1931 to Feb. 3 1931, that I last saw it ~~him~~ alive on Feb. 3 1931, and that death occurred, on the date stated above, at 3 35 A. m.

The CAUSE OF DEATH* was as follows: Terminal Broncho-Pneumonia - Decompensation Cardiac -

(duration) — yrs. — mos. 29 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis Rheumatic (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) M. Tobron Kozler M. D.

2/4 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Feb. 6 1931.

20 UNDERTAKER Horace F. Burgee — ADDRESS 3631 Falls Road

C. HAS. W. JONES, JR.
JAN 1931
Per ..... Registrar

Spec.—9-30—A. & Co.—250 Eds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65176

93 E 65176

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4708 Roland ave. St. 27-16 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Robert Tynes Smith

(a) RESIDENCE No. 4708 Roland ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Hooper Smith

6. DATE OF BIRTH (month, day, and year): Mar. 6/1848

7. AGE: Years 85 Months 11 Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: retired
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Nassau

PARENTS

10. NAME OF FATHER: Robert G. Smith
11. BIRTHPLACE OF FATHER (city or town) (State or country): Nassau
12. MAIDEN NAME OF MOTHER: Georgianna Jamison
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Bermuda

14. Informant: R. T. Smith Jr.
(Address): 4708 Roland ave

15. Filed ..... 19 ..... Registrar: RKW

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Feby 4, 31

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931 to Feb 4, 1931 that I last saw him alive on Feby 4, 1931 and that death occurred, on the date stated above, at 12:30 P.M. The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
Myocarditis

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Myocarditis
(duration) ..... yrs. ..... mos. 6 ds.

18. Where was disease contracted, if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Phys
(Signed) C. Hanson Jones M. D.
(Address) 607 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Feb 6, 1931

UNDERTAKER: John C. Mitchell Jones — ADDRESS: 1100 Eutaw Pla

C. HANSON JONES M. D.
5 1931

1-30—M. & T.—100 B—50L

E 65177

93-004

E 65177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Dead on Arrival at Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST. 3-4 WARD)

2-FULL NAME Philip Miller

(a) RESIDENCE No 911 S. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Miller

6 DATE OF BIRTH (month, day, and year): July 1/1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Mary Ann Miller
(Address): 911 S. Caroline St

15 Filed ..... 192 .. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Police Report

(Signed) [signature], Coroner, M. D.

Feb 5/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemetery

DATE OF BURIAL: 2/7/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65178 65178

CERTIFICATE OF DEATH

107-004

1. PLACE OF DEATH

CITY OF BALTIMORE, 1 No. 1810 N. Fulton Ave. St. 15-21 Ward

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary A. Rupp

(a) RESIDENCE No. 1810 N. Fulton Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William E. Rupp

6 DATE OF BIRTH (month, day, and year): Mar 21, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary C. Rupp
(Address): 1810 N. Fulton Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Feb 4, 1931

that I last saw he alive on Feb 4, 1931

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cerebrhemorrhage

(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary): Fractured hip

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. L. Horn M. D.

, 19 (Address) 814 N. Fulton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 2/6 1931

20 UNDERTAKER: W. M. Cook

ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 65179 HEALTH DEPARTMENT—CITY OF BALTIMORE X 128 E 65179

CERTIFICATE OF DEATH.

REGISTERED NO. 24733

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Gen Hosp ST. WARD)

2-FULL NAME Cora May Hess

(a) RESIDENCE No. Westchester Ellicott City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry E Hess

6 DATE OF BIRTH (month, day, and year) Dec 17 1885

7 AGE Years 45 Months 1 Days 18 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo B McCleary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry E Hess (Address) Ellicott City Md

15 Filed 1931, 19 RRW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 5, 1931, that I last saw h alive on Feb 4, 1931, and that death occurred, on the date stated above, at 2 40 a m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 4-1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. J. Sullivan M. D.

, 19 (Address) So Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/7/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks

65180

HEALTH DEPARTMENT—CITY OF BALTIMORE

65180

CERTIFICATE OF DEATH

97-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2931 Presstman St. 16-67 WARD)

2. FULL NAME John J. Carey

(a) RESIDENCE No 2931 Presstman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of~~ Catherine M. Carey

6 DATE OF BIRTH (month, day, and year) Jan 1st 1853

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumbing Supplies

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Catherine M. Carey
(Address) 2931 Presstman St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany. 28, 1931, to Feb. 5, 1931 that I last saw him alive on Feb. 4, 1931 and that death occurred, on the date stated above, at 4:45 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(duration) about 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) L. Dr Schemerell M. D.

Feb. 5 1931 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 2/9/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 Druid St

Spec.—1-10-21—M&T—1500 Bks.

E 65181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65181

CERTIFICATE OF DEATH.

82-001

15-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1300 N. Monroe ST. WARD

2-FULL NAME Laura V. Preston

(a) RESIDENCE NO. 1300 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Preston

6 DATE OF BIRTH (month, day, and year) Aug. 15-1866

7 AGE Years 64 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

9 BIRTHPLACE (city or town) (State or country) A. A. Co. Md

PARENTS

10 NAME OF FATHER Lat Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Horace Preston

(Address) 1300 N. Monroe St

15 Filed ..., 19... Registrar

5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1930, to Feb. 4, 1931, that I last saw h. alive on Feb. 4, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Chas. C. Conner, M. D.

2/5, 1931 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/6 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

C. HAYDEN JONES, M.D.

ARH

Spec.—9-30—A. & Co.—250 Bks.

65182

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65182

CERTIFICATE OF DEATH.

8-17

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 N. Bond ST. WARD)

2. FULL NAME Patrick Joseph Eldridge

(a) RESIDENCE No. 1743 Bond. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hurd Eldridge

6 DATE OF BIRTH (month, day, and year) 3-21-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Henry Eldridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Richard Bailey
(Address) 1743 N Bond

15 Filed 5 1931, 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 19 31, to February 4, 19 31 that I last saw h~~im~~ alive on Feb 3, 19 31 and that death occurred, on the date stated above, at 11 55 am

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Interstitial Nephritis
Arteriosclerosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? no

What test confirmed diagnosis? Uremia

(Signed) Thos. F. Stevens M. D.

2/5, 19 31 (Address) 2878 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL 2/7/31, 19

20 UNDERTAKER George J. Roth Inc — ADDRESS New Hope

Spec.—0-30—A. & Co.—250 Bks.

Dr Campbell 1644 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65183 — 91 E 65183

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 13 N. West ST. 23-31 (WARD)

2. FULL NAME Agnes Callahan

(a) RESIDENCE No. 13 N. West ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Callahan

6 DATE OF BIRTH (month, day, and year): May 16 1842

7 AGE: Years 88 | Months 8 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Thomas Murray
11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland
12 MAIDEN NAME OF MOTHER: Margaret Frazier
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mrs John Ritchie
(Address) 13 N. West St

15 Filed ....., 19.... Registrar: WCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1930, to Feb. 4, 1931 that I last saw her alive on Feb. 4, 1931 and that death occurred, on the date stated above, at 4 15 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (duration) yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. S. Campbell M. D.

2/5. 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: 2/6 1931

20 UNDERTAKER: J. M. Cook

ADDRESS: 1217 Ford St

Spec.—9 30—A. & Co.—250 Bks.

Dr Campbell 1644 S Hanover St

E 65184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65184

CERTIFICATE OF DEATH.

92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3121 Old Annapolis Rd (St.) 85-32 (WARD)

2 FULL NAME Emma M. Weitzell

(a) RESIDENCE No. 3121 Old Annapolis Rd (St.) ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. A. Weitzell

6 DATE OF BIRTH (month, day, and year) June 2 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	58	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Hanover Pa

PARENTS

10 NAME OF FATHER Luther Babylon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Magdalene Sifferd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Chas A. Weitzell
(Address) 3121 Old Annapolis Rd

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.
1931
RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7 1931 to Feb. 4 1931 that I last saw HER alive on Feb. 4 1931 and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Phil Campbell M. D.

2/5 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 2/7/1931

ADDRESS

20 UNDERTAKER W M Cook 1217 St Paul St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65185

CERTIFICATE OF DEATH.

5/V

REGISTERED NO. E 65185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N. Gay Street ST. 817 WARD)

2-FULL NAME William M. Hiltz,

(a) RESIDENCE No. 1418 N. Gay Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hiltz

6 DATE OF BIRTH (month, day, and year) 12-9-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Calvert Bldg

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles W. Hiltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Towson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Howard Blight Sr.
(Address) 1418 N. Gay Street

15 Filed 6 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5 1931

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1930, to February 5, 1931, that I last saw him alive on February 4, 1931 and that death occurred, on the date stated above, at 7.45 A. m

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Bladder and Urinary Bladder

(duration) 1. yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia and Metastasis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Oppenberg M. D.

2/5, 1931 (Address) 2025 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2-9 1931

20 UNDERTAKER Albert L. Hiltz Jr.

ADDRESS 1735 Harford Ave

Spec.—1-30—M. & T.—250 Bks

245123 E 65186

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65186

X 108

CERTIFICATE OF DEATH.

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

2-FULL NAME Floyd Paull

(a) RESIDENCE NO. 1373 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-29-30

7 AGE: Years . Months 9 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.C.

PARENTS

10 NAME OF FATHER James F Paull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-4-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb-2, 1931, to Feb 4, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Otitis Media

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Finding

(Signed) J. C. Goodpasture M. D.

2/7, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL 2-6-1931

20 UNDERTAKER: Lund Eaton

ADDRESS 916 Park Ave

Spec.—1 30—M. & T.—250 Bks

E 65187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65187

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 N Carey ST., 16-76 WARD)

2-FULL NAME Minnie Smith Waters

(a) RESIDENCE No. 646 N Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER John Augustus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Augustus
(Address) 646 N. Carey St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Feb 3, 1931, that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Endocarditis & nephritis

(duration) unk yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Feb 5 1931

20 UNDERTAKER [illegible]

ADDRESS 916 [illegible]

Spec.—1-30—M. & T.—250 Bks

E 65138

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 65188

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division St. 14 20 WARD)

2-FULL NAME Pleasant F. Walker

(a) RESIDENCE No. 1926 Mc Culloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Susie Walker

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hosp. Orderly.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant M. Gier
(Address) 1900 Mc Culloh.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/31

17 I HEREBY CERTIFY, That I attended deceased from 1/24, 1931, to 2/4, 1931, that I last saw him alive on 2/4, 1931, and that death occurred, on the date stated above, at 12 15 ~~P.M.~~ m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ....yrs. ....mos. 28 ds.

CONTRIBUTORY (Secondary) Undetermined (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald, M. D.

2/4, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Archibald A. Gaddis

ADDRESS 1840 Mc Culloh St.

JAN 1931 HARRY JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

65189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65189

CERTIFICATE OF DEATH

REGISTERED NO. 82-001

1—PLACE OF DEATH Balto. Md.

CITY OF BALTIMORE: (No. 307 N. Calhoun St. ST., 19-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas P. Carroll Jr.

(a) RESIDENCE NO. 307 N. Calhoun St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/5/1889.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	44	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) In Business for Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

10 NAME OF FATHER Thomas P. Carroll Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Susie Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys Co. Md.

14 Informant Mrs. Mary E. Brown.

(Address) 307 N. Calhoun St.

15 Filed 6-1931, 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 st., 1931, to Feb. 3rd., 1931

that I last saw him alive on Feb. 3rd., 1931

and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Schelerosis ? (duration) yrs. mos. ds.

Unknown

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No. Date of

Was there an autopsy? No. Physical Exam.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL 2-7 1931

ADDRESS 514 N Calhoun St

20 UNDERTAKER Chas G. Cooper

Spec.—1-10-21—M&T—1500 Bks.

E 65190

Sayler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65190

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2424 N. Charles ST., 12 WARD)

2-FULL NAME Corinne Brine Sayler

(a) RESIDENCE NO. 2424 N. Charles ST., 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Shields Sayler

6 DATE OF BIRTH (month, day, and year) May 1 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): 168
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER: Dr. M. Brine
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Mary Starbuck
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Rosemary Brine
(Address) 2424 N. Charles St.

15 Filed 1931 19 G. HAMILTON ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb 4, 1931, that I last saw h[illegible] alive on Feb 4, 1931, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:
La Grippe with Lobar pneumonia
La Grippe 8 days
Pneumonia (duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Cardiac insufficiency
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Roscoe G. Brace M. D.
2-5-1931 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park
DATE OF BURIAL: Feb 7. 1931

20 UNDERTAKER: Rita Mudefield
ADDRESS: 14 Grummite

Spec.—9-30—A. & Co.—250 Bks.

65191 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 65191

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Druid Hill Ave ST. 19-59 WARD)

2. FULL NAME Bernard Tankard

(a) RESIDENCE No. 2334 Druid Hill ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Tankard

6 DATE OF BIRTH (month, day, and year): Feb 20-1886

7 AGE: Years 44 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Post Office

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rosa Tankard
(Address): 2318 Madison Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3-'31

17 I HEREBY CERTIFY, That I attended deceased from Feb 1-, 1931, to Feb 3-, 1931, that I last saw him alive on Feb 3-, 1931, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ... yrs. ... mos. 3 wks.

CONTRIBUTORY (Secondary): Same

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Abram J. Blechman M. D.

2-6. 1931 (Address) 3507 Fair Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Feb 6 1931

20 UNDERTAKER: Lemuel Hemsley McCabe ADDRESS 78

Spec.—1-12-23—M&T—500 Bks.

65192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65192

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 W Franklin ST. 18-26 (WARD)

2-FULL NAME Marion Barnes

(a) RESIDENCE NO. 815 W Franklin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Barnes

7 DATE OF BIRTH (month, day, and year) 4th Dec 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) Jamesville
(State or country) Northampton Co Va

10 NAME OF FATHER Edw Butler

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Jas Barnes
Address 815 W Franklin

FEB 6 1931 ..... 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-30 1931, to 2/3 1931, that I last saw her alive on 2/2 1931, and that death occurred, on the date stated above, at 5 am

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Jordman, M. D.

, 19 (Address) 816 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL 2/6 1931

20 UNDERTAKER Bernard Hensley — ADDRESS 598 N Eutaw

Spec.—1-30—M. & T.—250 Bks

E 65193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

2-FULL NAME Rabbi Louis Kopald

(a) RESIDENCE NO. Glencove - Gel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elsa

6 DATE OF BIRTH (month, day, and year) April 24-1885

7 AGE: Years 45 | Months 9 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rabbi
(b) General nature of industry, business, or establishment in which employed (or employer) Oth
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS
10 NAME OF FATHER Jacob Kopald
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Eva Langer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Records -
(Address)

15 Filed 6 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4-31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1930, to Feb. 4, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Rectum

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Metastasis ?
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic Section

(Signed) Rawley M Veuch Jr, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York
London Park Crematory

DATE OF BURIAL 2/6/ 1931

20 UNDERTAKER David Sonnheim & Son

ADDRESS 1902 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 65194

E 65194

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hosp ST. 27-55 WARD)

2—FULL NAME Ida Weinstein

(a) RESIDENCE NO. 3201 Eugene Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Aaron Weinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mullin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant F. Levin
(Address) 1439 E. Balto St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/31

17 I HEREBY CERTIFY, That I attended deceased from 2/2, 1931, to 2/6, 1931, that I last saw her alive on 2/6, 1931 and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) — yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Eshman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 2-6-1931

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Balto St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65195

REGISTERED No. E 65195

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N. Patterson Park Ave. ST. 1-12-11-001 WARD)

2 FULL NAME Rebecca Edwards Kuslowitz

(a) RESIDENCE No. 703 N. Patt. Pk. Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 30 yrs. mos. ds.

Length of residence in city or town where death occurred 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abram E. Kuslowitz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bluma —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1439 E. Balto. St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2nd, 1931, to Feb. 5th, 1931, that I last saw her alive on Feb. 5th, 1931, and that death occurred, on the date stated above, at 2 P.M., m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 703 N. Patterson Park Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Saul Snyder M. D.

, 19 (Address) 1631 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 2-6- 1931

20 UNDERTAKER Jacob Lewis, 1439 E. — ADDRESS Balto. St.

1-30—M. & T.—100 B—50L

E 65196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

E 65196

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E. Lombard ST., 35 WARD)

2-FULL NAME Rebecca Mindel

(a) RESIDENCE NO 917 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Mindel

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Max —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Kaufer
(Address) 1439 E Baltimore St

15
Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Senility
(duration) yrs. — mos — ds.

CONTRIBUTORY (Secondary) A. Lawson
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) A. C. Blades, M. D.
Coroner

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cem. Int. Carried

DATE OF BURIAL 2-6-31 19

ADDRESS

20 UNDERTAKER Max Levin, 1439 E Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

E 65197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65197

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-54 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Levine

(a) RESIDENCE No. 2806 Westerstown St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27			

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Abraham Levine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Molling —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant I. Levine
(Address) 1439 E. Baltimore St.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from 2/4, 1931, to 2/5/, 1931, that I last saw her alive on 2/6/, 1931, and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia (Confluent bronchial)

(duration) ....yrs. ....mos 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. ....mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph T. Blum, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northwest Friendship

DATE OF BURIAL 2-6- 1931

20 UNDERTAKER Jacob Levine, 1439 E. Baltimore St

ADDRESS

Spec.—9-30—A. & Co.—250 Bks

E 65198

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-E 65198

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2664 Dulaney St. WARD) 10-69

2. FULL NAME Margaret Ford.

(a) RESIDENCE No. 2664 Dulaney St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Ford

6 DATE OF BIRTH (month, day, and year) Mar. 20 1906

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER F. Thomas Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Teresa Schober

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mr. John W. Ford
(Address) 2664 Dulaney St.

15 Filed Feb. 6 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 19 31, to Feb 4, 19 31 that I last saw h— alive on Feb 3, 19 31 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis (acute)

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

Feb. 6 19 31 (Address) 1687 Mosman Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 2/7/31 19

20 UNDERTAKER John F. Moran

ADDRESS 3000 E. Balto St.

Spec.—1-30—M. & T.—250 Bks.

E 65199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65199

34

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 N. Carrollton ST., 16-23 WARD)

2-FULL NAME Alice Holmes

(a) RESIDENCE NO. 730 N. Carrollton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: David Holmes

6 DATE OF BIRTH (month, day, and year): June 19 1887

7 AGE: Years 43 Months 7 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER: Leo. Farrell
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Margaret Jefferson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Catherine Flynn
(Address) 730 N. Carrollton Ave

15 Filed FEB 6 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/5/31

17 I HEREBY CERTIFY, That I attended deceased from 1/11, 1931, to 2/5, 1931, that I last saw her alive on 2/5, 1931, and that death occurred, on the date stated above, at 12:05 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Chronic Congestive Heart, Hypertension, Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & microscopic

(Signed) Earl Finney, M. D.

2/4/31, 19 (Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb. 8, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3222 Schroeder St

Spec.—1-30—M. & T.—250 Bks.

E 65200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65200

93003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Lombard St WARD)

2-FULL NAME Anna R. Baird

(a) RESIDENCE No. 2004 E. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of or) WIFE of David Baird

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Remaud

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mc Kinnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Nettie Carpenter
(Address) 2004 E. Lombard St

15 Filed ..... 19 ..... C. HARDEN JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 5 1931

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1931 to February 3, 1931, that I last saw h~~e~~ alive on February 3, 1931, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-myocarditis

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Frank J. Ayd M. D.

Feb 5, 1931 (Address) 2006 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Feb 6 1931

20 UNDERTAKER Geo M. Smith & Son

ADDRESS 811 N W St

FEB 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65201 93-003 65201

1. PLACE OF DEATH Baltimore City Hospitals 27-55

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2. FULL NAME George Dyer

(a) RESIDENCE No. 5212 Charles Ave. St., ... WARD .....
(Usual place of abode) W. Arlington
(If non-resident give city or town and State)

Length of residence in city or town where death occurred lifes. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma May

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George W.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Haffner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

C. HARPSON JONES, R. S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4-31

17 I HEREBY CERTIFY, That I attended deceased from 9-22-30, 19..., to 2-4-31, 19...

that I last saw him alive on 2-4-31, 19...

And that death occurred, on the date stated above, at 7:55 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? 1. Hours 2. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podget M. D.

2-6. 1931. (Address Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Chenowith Son — ADDRESS 3615 Eutaw Ave

Cor.—10-10-29—A Co.—100 Bks.

65202

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 65202

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Ship yard Fairfield. St., 13-53 Ward)

2-FULL NAME Harry F. Reed.

(a) RESIDENCE NO. 3702 Hickory Ave. St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of Catherine Reed.

6 DATE OF BIRTH (month, day, and year) June 10, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marine Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer) 030
(c) Name of employer

9 BIRTHPLACE (city or town) Delaware.
(State or country)

PARENTS

10 NAME OF FATHER Benjamin F. Reed.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Delaware.

12 MAIDEN NAME OF MOTHER Mary B. Vent.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Delaware-

14 Informant Walter E. Reed. (brother)
(Address) Wilmington, Del.

15 Filed _____ 19 _____ HARRISON JONES H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt M. D.

2/6/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia

DATE OF BURIAL Feb 9 1931

20 UNDERTAKER Chinowith & Son

ADDRESS 3615 Chestnut Ave

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE, (No.) Caroline & Eutaw ST., WARD

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Johnson

(a) RESIDENCE No. 3512 Clifton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-5-31

7 AGE: Years | Months | Days | If LESS than 1 day, / hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Francis Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chicago Del.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant Francis Johnson (Address) 3512 Clifton ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19..., to 2-5-31, 19..., that I last saw h alive on 2-5-31, 19..., and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Premature (6½ mo)

(duration) yrs. mos 1/2 hrs ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) ..... M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb. 6 1931

20 UNDERTAKER Conley & Co. Inc. — ADDRESS 1044 Lafayette ave

1931 C. FRANK JONES, M.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 65204

E 65204

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Kensett ST. 13-59 WARD)

2-FULL NAME Richard Webb

(a) RESIDENCE No 1508 Kensett ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella C. Webb

6 DATE OF BIRTH (month, day, and year) Oct. 12-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Candymaker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co Pa.

PARENTS

10 NAME OF FATHER John Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Richard C. Webb Jr

(Address) 1832 Bruny St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thos Thomsen, Coroner, M. D.

Feb. 6, 192 (Address) Pere Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Feb 6 1931

20 UNDERTAKER Wm Peckner Sons

ADDRESS N. Pa

C. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 65205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65205

CERTIFICATE OF DEATH.

82-001

15-67

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Walbrook Ave. WARD)

2. FULL NAME Christian Hartmety

(a) RESIDENCE No. 3005 Walbrook Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 (Write the word) Married, Widowed, or Divorced
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella L. Hartmety

6 DATE OF BIRTH (month, day, and year) Aug 27, 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Balto Post Office

9 BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Casper Hartmety

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Schlingmann

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mr. Carl Hartmety
(Address) 2326 Rosedale St.

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1931

17 I HEREBY CERTIFY. That I attended deceased from ..... 19 29 to Feb 5 1931

that I last saw him alive on Feb 4 1931

and that death occurred, on the date stated above, at 12 30 A. M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis and
Emphalomalacia

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Fred D. Jewett M. D.

19 ..... (Address) 2516 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Feby. 7 1931

20 UNDERTAKER Wm J. Tickner & Son

ADDRESS N. & Pa. Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 65206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 65206

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Lake ave ST. 8-45 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Zelda Carmel

(a) RESIDENCE No. 2800 Lake ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, and year) Oct 9/20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	3	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): ooo

(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10. NAME OF FATHER: Joseph Carmel

11. BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12. MAIDEN NAME OF MOTHER: Blanch Cohen

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14. Informant: Joseph Carmel
(Address) 2800 Lake ave

15. Filed DEC 6 1931 Hill Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 6/31

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1930, to Feb 6, 1931 that I last saw her alive on Feb 6, 1931 and that death occurred, on the date stated above, at 1:15 9 m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary): Chr. Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) L. Ginsberg M. D.

2/6, 1931 (Address) 2020 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run

DATE OF BURIAL: 2/6 1931

20. UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto st

1-30—M. & T.—100 B—50L

E 65207

HEALTH DEPARTMENT—CITY OF BALTIMORE

165 E 65207

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Hudson ST. 1-3 WARD)

2-FULL NAME Julia Godwin

(a) RESIDENCE No 2520 Hudson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Godwin

6 DATE OF BIRTH (month, day, and year) Feb 5th 1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	11	29 30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Julia Godwin
(Address) 2520 Hudson St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Hanging. Rope
(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Asphyxia
(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) G. C. Gadis, M. D. Coroner

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2-6th 1931

20 UNDERTAKER Bernard C Harke

ADDRESS 1000 S Paca St

HUGH H. JOHNS, M. D. Registrar

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65208

167 E 65208

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Guilford Ave & Lanvale St. St. 12-19 Ward)

2-FULL NAME John M. Dandy.

(a) RESIDENCE NO. 223 E. Lafayette Ave. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~WIFE of~~ Gertrude Dandy.

6 DATE OF BIRTH (month, day, and year) June 5, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	40	8	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Capt. Canadian
(b) General nature of industry, business, or establishment in which employed (or employer) Flying Corps.
(c) Name of employer

9 BIRTHPLACE (city or town) Chicago, Ill.
(State or country)

PARENTS

10 NAME OF FATHER John M. Dandy.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Kentuckey.

12 MAIDEN NAME OF MOTHER Nellie B. Cook.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore, Md.

14 Informant Nellie E. Dandy. (daughter)
(Address) 223 E. Lafayette Ave.

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 5, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain.
Pistol shot wound of the head.
Suicide.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Bernhardt, M. D.

2/6/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	2/6 1931

20 UNDERTAKER Chas. F. Kraus & Son ADDRESS 118 Mt. Royal Ave

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—56L

E 65209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65209

CERTIFICATE OF DEATH

82

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Green ST. 17-25 WARD)

2-FULL NAME Ellen Riley

(a) RESIDENCE No 411 N. Green ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Keith

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Degnan
(Address) 1012 N. Frederick Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy;

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

2/5, 1931 (Address) 1739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 2/7 1931

20 UNDERTAKER Wm. Cook

ADDRESS 1217 St. Paul St

Spec.—9-30—A. & Co.—250 Bks.

Young.

E 65210 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65210

CERTIFICATE OF DEATH.

168

1. PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Div. St., St. 12 Ward) 11-23

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Francisco Young

(a) RESIDENCE No. 921 N. Arlington Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Young

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie Young
(Address) 921 N. Arlington Ave.

15 Filed FEB 6 1931 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to Feb. 5, 1931 that I last saw him alive on Feb 5, 1931 and that death occurred, on the date stated above, at 8 15/A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Howell M. D.

2/5/ 1931 (Address) 2017 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb. 9 1931

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Ave

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65211 92-001 E 65211

CERTIFICATE OF DEATH

E 65211

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute St. Joseph Hospital ST. 10-14 WARD)

2-FULL NAME Genera Talbott

(a) **RESIDENCE** No 1004 Starling ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillard Talbott

6 DATE OF BIRTH (month, day, and year) July 30/1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Horace Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lottie Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Lottie Rawlings
(Address) 1039 Rutland Ave

15 Filed ..... 192 Reg. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Gill, M. D. Coroner

Feb 6/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cemetery

DATE OF BURIAL Feb 6 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Druid Hill Ave

Spec.—9 30—A. & Co.—250 Bks.

E 65212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65212

CERTIFICATE OF DEATH.

59 V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2500 Hamilton Ave 27-43 WARD

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret J. Langville

(a) RESIDENCE No 2500 Hamilton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M Langville

6 DATE OF BIRTH (month, day, and year) Sept 22 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	63	4	12 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dechelee Co Ind

PARENTS

10 NAME OF FATHER Thomas Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Margaret Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant William M. Langville
(Address) 2500 Hamilton Ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to Feb 4, 1931

that I last saw he alive on Feb. 3, 1931

and that death occurred, on the date stated above, at 2 50 A m.

The CAUSE OF DEATH* was as follows:

Hypertension, arterio Sclerosis
Myocarditis & Diabetes Mellitus

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis & Sphgy

(Signed) Thos G A Stevens M. D.

2/5, 1931 (Address) 2878 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Lawn Cemetery In Cambridge Ind Via B.&O. R.R.

DATE OF BURIAL Feb 6 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

FEB 5 1931

Spec.—1-30—M. & T.—250 Bks.

Diesie A. Ritter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65213

107-001

E 65213

CERTIFICATE OF DEATH.

28-65

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos. St. ..... WARD)

2-FULL NAME Mrs Diesie A. Ritter

(a) RESIDENCE No. 5102 Durnan St. Franklintown St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph E. Ritter

6 DATE OF BIRTH (month, day, and year) Dec. 28 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Otto Heckner
(Address) 5102 Durnan St. Franklintown

FEB 6 1931

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1931.

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1931, to 2-5, 1931, that I last saw h. alive on 2-5, 1931, and that death occurred, on the date stated above, at 1:15 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign.

(Signed) M. Schwolin, M. D.

, 19 (Address) University Hos.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Good Shepherd - Rockland

DATE OF BURIAL Feb. 7 1931

20 UNDERTAKER John T. Denny

ADDRESS 715 Light St.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65214 46 E 65214

CERTIFICATE OF DEATH.

REGISTERED NO. 28071

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen Hosp ST., (WARD)

2-FULL NAME Mrs Carrie C Lindauer

(a) RESIDENCE NO. 402 Hazlett ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Fred F Lindauer

6 DATE OF BIRTH (month, day, and year) Dec 11 1875

7 AGE: Years 55 | Months 1 | Days 23 24 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at 637

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John F Omnen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kohler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Helen M Webkin (Address) 402 Hazlett Ave

15 Filed FEB 6 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Feb 4, 1931, that I last saw her alive on Feb 4, 1931, and that death occurred, on the date stated above, at 8-15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma head of Pancreas (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 26 1931

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Wm J Sullivan, M. D.

2-4, 1931 (Address) Gen Hosp Balti

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 7 1931

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec. — 6-1031 — M&T — 1500 Bks.

65215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65215

CERTIFICATE OF DEATH.

47

18-29

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 S Arlington Ave ST. (WARD)

2-FULL NAME William Joyce.

(a) RESIDENCE No. 111 S Arlington Ave ST., ... WARD ..
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa C Joyce

6 DATE OF BIRTH (month, day, and year) Dec 6th 1865

7 AGE: Years 65. Months 1 Days 30 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John J Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Bridget Coskin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs Louisa C Joyce
(Address) 111 S Arlington Ave

15 Filed ..... 19 ..... E. FLAVEL JONES, JR. Registrar

D 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Feb 5, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Larynx
" suspect a spontaneous hemorrhage into trachea"
(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Parenchymatous nephritis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French M. D.

Feb 5, 1931 (Address) 7329 Wrenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 2/9/1931

20 UNDERTAKER: John J Cowan & Co.

ADDRESS: 901 Walbrook Ave

Spec.—9-30—A. & Co.—250 Bks

65216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

825 65216

REGISTERED NO. 1621

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 810 N Mount St. WARD)

2. FULL NAME Harry H. Burton

(a) RESIDENCE NO. 810 N Mount St. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in City or town where death occurred 49 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth. Buck

6 DATE OF BIRTH (month, day, and year) Jan 12th 1882

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Union Transfer Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER W. H. Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lizzie Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs Elizabeth Burton
(Address) 810 N Mount St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 4, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 3 hrs

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exa

(Signed) J. Thalhimer M. D.

10/2/31 (Address) 888 N Howard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	2/ /1931
20 UNDERTAKER	ADDRESS
John F. Howard & Son	90 N Mt Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65217

CERTIFICATE OF DEATH

E 65217

REGISTERED NO. X 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH President Hosp.

CITY OF BALTIMORE (No. 1514 Division St. WARD) 14th

2 FULL NAME Charles Little

(a) RESIDENCE NO. 1615 Lanvale St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1-30

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/31

17 I HEREBY CERTIFY, That I attended deceased from 1/30, 1931, to 2/4, 1931
that I last saw him alive on 2/4, 1931
and that death occurred, on the date stated above, at 11 40 A.M.
The CAUSE OF DEATH* was as follows:
Bronchio Pneumonia
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Malnutrition
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical & Autopsy
(Signed) Dr. George McDonald M. D.
2/5, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn
DATE OF BURIAL 2/6/1931

20 UNDERTAKER Mr. Geo. H. Holland
ADDRESS 1631 Druid Hill ave

G 1931 1410

Cor.—10-10-29—A Co.—100 Bks.

Time of burial extended to Feb. 9 '31.
S. Frederick Stimpert
Asst. Com.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 65218

REGISTERED NO. 69 165

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Baltimore City Jail. St. Ward)

2-FULL NAME Robert De Loatch. (C)

(a) RESIDENCE NO. 1543 Orleans St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Geneva Smith. (C)
(Address) 622 N. Bond St.

15 Filed ....., 19..

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto W. Reinhardt, M. D.

2/3/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery — DATE OF BURIAL Feb 6 1931

20 UNDERTAKER Oliver W. Johnson — ADDRESS 4 N. Carolina

Spec.—9-30—A. & Co.—250 Bks.

E 65219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65219

23

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 1724

2. FULL NAME Savannah Thomas

(a) RESIDENCE No. 1215 Shields Alley ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

041

9 BIRTHPLACE (city or town) Lynchburg (State or country) Virginia

PARENTS

10 NAME OF FATHER Walker Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Franklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to Feb. 3, 1931

that I last saw her alive on Feb. 3, 1931

and that death occurred, on the date stated above, at 7.50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lerner M. D.

2-4. 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion — DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Joseph G. Lively — ADDRESS 409 N. Mount St.

Spec.—1-10-21—M&T—1500 Bks.

E 65220

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 65220

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Elmora ave ST. 15-61 WARD)

2-FULL NAME Ida Lockman

(a) RESIDENCE No. 2500 Elmora ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5 1872

7 AGE: Years 59 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Mt Kenon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mt Kenon

12 MAIDEN NAME OF MOTHER: Mt Kenon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mt Kenon

14 Informant: Jesse Ziegler
(Address) 2500 Elmora ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Feb 5, 1931, that I last saw her alive on Feb 2, 1931, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis about (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage + Paralysis (duration) 2 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S. Tiblett M. D.

Feb 9 1931 (Address) 2225 Garrison Ed

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Joy. Lincoln Md

DATE OF BURIAL: Feb 7 1931

20 UNDERTAKER: Wm Poulson

ADDRESS: 2238 N Mth

Spec.—2-29-28—L. F. S.—500 Bks.

E 65221

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 65221

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E Lafayette ave ST. 12-19 WARD)

2—FULL NAME James A Stewart

(a) RESIDENCE NO. 416 E Lafayette ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Stewart

7 DATE OF BIRTH (month, day, and year) Nov. 19th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	17 16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 6 0/5

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Robert Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Luck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Mary Stewart

(Address) .....

Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 5, 1931, that I last saw h. alive on Feb 5, 1931 and that death occurred, on the date stated above, at 5.50 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma Left cheek and Ear

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J N Wilson M. D.

19 (Address) 848 W. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Belmont Cemetery

DATE OF BURIAL Feb 7th 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

Spec.—9-30—A. & Co.—250 Bks.

65222

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 L 65222

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... 65 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles H. Rowe

(a) RESIDENCE NO. 505 W. Lombard ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie Rowe

6 DATE OF BIRTH (month, day, and year) May 20 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles H.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie Wainwright

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed FEB 6 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 2-2-31, 19..., to 2-3-31, 19...
that I last saw him alive on 2-3-31, 19...
and that death occurred, on the date stated above, at 3:15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) UNKNOWN yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertension (duration) UNKNOWN yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podget M. D.

2-3 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 5 - 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec.—9-30—A. & Co.—250 Bks

E 65223 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65223

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2. FULL NAME Carrie Franklin Phipps

(a) RESIDENCE NO. 416 Hoffman st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Mch. 4, 1907

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressing club

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Kinston
(State or country) North Carolina

PARENTS

10 NAME OF FATHER Enoch Franklin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Susie Williams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Interment Hospital Records
(Address) .....

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1931, to Jan. 31, 1931 that I last saw he alive on Jan. 31, 1931 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

1-31 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 5 1931

20 UNDERTAKER .....

ADDRESS .....

Spec.—1-30—M. & T.—250 Bks

2H 65224 -163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65224

CERTIFICATE OF DEATH.

157-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Sally Ormarod

(a) RESIDENCE NO. 51 8 Kenmore Ave ST., ... WARD Warren - Ohio
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Henry Ormerod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Isabel Hettinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Feb 1 1931, 19 C. ELMERTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 6, 1931, that I last saw her alive on Feb 6, 1931, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows: Myelitis of Cervical Cord

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-6-31

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Ch. C. Griffith, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warren - Ohio

DATE OF BURIAL Feb 6 1930

20 UNDERTAKER John. B Mitchell

ADDRESS 1900 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

E 65225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST., 15 WARD)

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Lane

(a) RESIDENCE NO. 1136 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2 1931

7 AGE: Years | Months | Days 0 | If LESS than 1 day, 7 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) 1136 W. Lombard St. Baltimore Md.

PARENTS

10 NAME OF FATHER Humphrey Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lillie Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 2, 1931, that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 9 42 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Bernard F. Tery, M. D.

2/5/, 1931 (Address) 410 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

FEB 5 - 1931

Per Wm. H. Woodall

JOHN C. HAMPSON JONES, M. D.

1931

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65226

E 65226

CERTIFICATE OF DEATH.

160-002

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W. Biddle ST. 11-24 WARD)

2-FULL NAME Baby Girl Johnson

(a) RESIDENCE No. 107 W. Biddle ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years — Months — Days — If LESS than 1 day, 5 hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Helena Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14 Informant _____
(Address) _____

15 Filed 1931, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 5:30 P.M. 1931, to Jan. 24 8:30 P.M. 1931, that I last saw her alive on Jan. 24, 1931, and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage ~~to prolonged labor~~

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Prolonged labor

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis F. Douglass M. D.

1/26 1931 (Address) Emer. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL _____ DATE OF BURIAL _____ 19

20 UNDERTAKER: Commissioner Health. ADDRESS _____

Per Wm. E. WOODALL

UNIVERSITY OF MARYLAND FEB 5 1931
C. HANSON JONES M. D.

Spec.—1-30—M. & T.—250 Bks.

E 65227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65227

CERTIFICATE OF DEATH.

131

REGISTERED NO. 17-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD

2-FULL NAME James Little

(a) RESIDENCE NO. 526 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Obtained

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 615

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Not Obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Obtained

12 MAIDEN NAME OF MOTHER Not Obtained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Obtained

14 Informant (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 29, 1931, that I last saw him alive on Jan 29, 1931, and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH* was as follows: Chronic nephritis & uremia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy + Clin findings

(Signed) W. H. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL , 19

ADDRESS

20 UNDERTAKER

FEB 6 - 1931

Spec.—9-30—A. & Co.—250 Bks.

65228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 65228

1. PLACE OF DEATH Baltimore City Hospitals

2-3-31

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2. FULL NAME William Jones

(a) RESIDENCE No. 122 Hessmans Court St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O.K.

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Petersburg Va.

PARENTS

10 NAME OF FATHER Tom Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emeline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

NNN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 1-31-31, 19..., to 2-3-31, 19...

that I last saw him alive on 2-3-31, 19...

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Padget, M. D.

2-3-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

FEB 6 - 1931

For Wm. F. WOODALL

Spec.—9-30—A. & Co.—250 Bks.

65229 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65229

CERTIFICATE OF DEATH.

REGISTERED No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) WARD 16-23

CITY OF BALTIMORE: (No. ..... St. .....

2 FULL NAME John Putten

(a) RESIDENCE No. 1010 Mosher st. St. .....

(Usual place of abode) WARD .....

length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth (If non-resident give city or town and State) Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20, 1889

7 AGE Years 41 Months 7 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virgin Islands

PARENTS

10 NAME OF FATHER John R. Putten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virgin Islands

12 MAIDEN NAME OF MOTHER Ann Goochild

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virgin Islands

14 Informant (Address) Hospital Records

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930, to Feb. 3, 1931

that I last saw him alive on Feb. 3, 1931

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lemmer M. D.

2-4, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

20 UNDERTAKER Per Wm. E. Woodall

DATE OF BURIAL FEB 6 - 1931 19

ADDRESS

Health Commissioner

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65230 E 65230

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hosp ST. 20-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Kaufman

(a) RESIDENCE NO. 2010 Eagle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/5/31

7 AGE Years Months Days If LESS than 1 day 7 hrs. or 15 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Morris Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Nellie Mesner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant

(Address)

15 Filed 1931 . 19 ORN Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/5 . 19 31 to 2/5 . 19 31, that I last saw her alive on 2/5 . 19 31, and that death occurred, on the date stated above, at 5.15 P.M. in

The CAUSE OF DEATH* was as follows:

Premature Birth (24 wks gestation)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ashman, M. D.

, 19 (Address) West Baltimore Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

UNIVERSITY OF MARYLAND
FEB 6 - 1931

Dr. Wm. R. WOODALL

Spec.—1-30—M. & T.—250 Bks

E 65231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65231

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 E. Monument, ST., 710 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann McElgunn

(a) RESIDENCE No. 2606 E. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Owen F. McElgunn

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
78	79	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dennis Tierner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant August F Miller
(Address) 2606 E. Monument st.

15 Filed ....., 19 .....

C. Hawsey Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Feb 1, 1931, that I last saw h. alive on Feb 4, 1931, and that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

Acute Intersticial Myocarditis

CONTRIBUTORY (Secondary)

Myocarditis (duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Alex B Newman, M. D.

Feb, 1931 (Address) 1118 N Pat Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/7 1931

20 UNDERTAKER Fred A. Cole

ADDRESS 4888 W. Lombard St.

Spec.—9-30—A. & Co.—250 Bks.

65232

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001 65232

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

25-77

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2 FULL NAME August Volkman

(a) RESIDENCE No. 500 Block Pennington Ave. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	66	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER William Volkman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. List

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from 1-29-31, 19..., to 2-5-31, 19... that I last saw him alive on 2-5-31, 19... and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-6. 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz

DATE OF BURIAL 2-7 19 31

20 UNDERTAKER Fredk A. Lobe

ADDRESS 1200 W Lombard St.

FEB 6 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 65233

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

City of Baltimore: (No. 2019 E. Oliver St. 817 Ward)

2. FULL NAME Lemuel B. Douglass

(a) Residence No. 2019 E. Oliver St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Douglas

6 DATE OF BIRTH (month, day, and year) June 8 1860

7 AGE: Years 70 | Months 7 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Spouse Work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Sfayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Pritchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mamie Lipitz
(Address) 2019 E. Oliver St

15 Filed ..... 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 4, 1931 that I last saw h. alive on Feb 4, 1931 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller M. D.

Feb. 1931 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Feb 7 1931

20 UNDERTAKER: Henry Lutz | ADDRESS: 1203 N. Broadway

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65234 X 93005 E 65234

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 528 N. Mount St., 19 Ward)

2-FULL NAME Adam V. Hammond

(a) RESIDENCE NO. 528 N. Mount St., Ward Wash. D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm

6 DATE OF BIRTH (month, day, and year) June 7-1857

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	73	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Foundry
(c) Name of employer Montgomery

9 BIRTHPLACE (city or town) Irish
(State or country)

PARENTS

10 NAME OF FATHER Basil Burton

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emily Cook

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Samuel Adams
(Address) 528 N. Mount

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Herbert R. M. D.

Feb 6 1931 (Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Feb 8 1931

20 UNDERTAKER Roy W. Barton Lutherville

ADDRESS

Important. See instructions on back of certificate.

1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65235

CERTIFICATE OF DEATH

X 167

E 65235

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mt Gen Hosp St. 11-24 Ward)

2-FULL NAME Joseph Mangold

(a) RESIDENCE NO. Hammonton N. J. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian

6 DATE OF BIRTH (month, day, and year): Oct. 3 - 1903

7 AGE: Years 27 Months 4 Days 1 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town): Phila Pa
(State or country)

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town): Germany
(State or country)

12 MAIDEN NAME OF MOTHER: Mary Ann Hugh

13 BIRTHPLACE OF MOTHER (city or town): Phila Pa
(State or country)

14 Informant: Anna Mangold
(Address): Phila Pa

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and ..... find that said deceased came to ..... death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Hemorrhage due to pistol wound of brain
..... (duration) ..... yrs. 1/2 hour

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home 413 N. Eutaw

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie ..... M. D.

Feb 4 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hammonton Cemetery Hammonton N. J.

DATE OF BURIAL: 2/6/1931

20 UNDERTAKER: Wm Cook 1217 St Paul St

ADDRESS

Important. See instructions on back of certificate.

1931

Spec.—1-30—M. & T.—250 Bks.

65236

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 65236

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1105 Wilcox ST. 10-14 WARD)

2-FULL NAME Mary J. Affayroux

(a) RESIDENCE NO. 1105 Wilcox ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. C. Affayroux

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 70 yrs; Months: ; Days: ; If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife at

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Patrick Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Charles J. Spissler
(Address): 1005 Wilcox St

15 Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/6/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to 2/6, 1931, that I last saw h. alive on 2/5, 1931, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr Bernard Korsh, M. D.

2/6 1931 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb. 10 1931

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E. Eager St.

Spec.—1-30—M. & T.—250 Bks.

E 65237 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65237

CERTIFICATE OF DEATH.

10-14 123

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Forest ST. 10-14 WARD)

2-FULL NAME John L. Bailey

(a) RESIDENCE NO. 1130 Forest St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug. 11. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bottler

(b) General nature of industry, business, or establishment in which employed (or employer) Near Beer

(c) Name of employer G. B. S.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John L. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rose A Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Rose A Rogers
(Address) 1130 Forest St

15 Filed 1931 .19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Feb 6, 1931, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 12 p m.

The CAUSE OF DEATH* was as follows:

Interstitial Pneumonitis

(duration) yrs. 16 mos ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Car

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Levy M. D.

(Address) 800 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb 9, 1931

20 UNDERTAKER	ADDRESS
Elmer W. Conklin	924 E. Eager St

Cor.—10-10-29—A Co.—100 Bks.

E 65238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65238

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp St. 4-76 Ward) 23

2-FULL NAME Abraham Barnes

(a) RESIDENCE NO. 231 N. Fremont St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: 55 Years, 04 Months, Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Geo Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Fillon Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: L. Glen Alexander
(Address): La Crosse Va

15 Filed ..... 1931 C. HARRISON JONES, M. D. Registrar
AFH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 1931

17 I, HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis
Duration Unknown

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? Autopsy

What test confirmed diagnosis? Autopsy

(Signed) F. B. Smith, M. D.
(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: La Crosse Va

DATE OF BURIAL: 2/6 1931

20 UNDERTAKER: Chas Alexander Dir. Hall

ADDRESS 406

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

65239 HEALTH DEPARTMENT—CITY OF BALTIMORE 65239

CERTIFICATE OF DEATH.

93-003

15-64

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Allendale Road ST. ..... WARD .....)

2 FULL NAME Sarah Eleanor Wright

(a) RESIDENCE No. 2902 Allendale Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~WHETHER~~ Married, ~~WIDOWED~~ ~~OR DIVORCED~~: Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Wright

6 DATE OF BIRTH (month, day, and year): Dec 18th, 1857

7 AGE: Years 73 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework 031
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co. Maryland

PARENTS
10 NAME OF FATHER: Wm Allen
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.
12 MAIDEN NAME OF MOTHER: Elizabeth Aler
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Miss Eleanor Wright, 2902 Allendale Road

Filed 1931, 19 ..... Registrar NRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to Feb. 5, 1931 that I last saw her alive on Feb 4, 1931 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos. 3 hrs ds.

CONTRIBUTORY (Secondary) Myocarditis - about 6 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Tilbett M. D.

Feb 5, 1931 (Address) 2220 Harrison St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Feb. 7th 1930

20 UNDERTAKER: Bertram W. Gore — ADDRESS: 1723 W. Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65240

CERTIFICATE OF DEATH

94-001

E 65240

REGISTERED NO. 14-28

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 919 S. Gilmor ST. WARD)

2—FULL NAME Mathew E. Murphy

(a) RESIDENCE NO. 919 S. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Murphy (Ford)

DATE OF BIRTH (month, day, and year) Oct. 3, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 686

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

4 Informant Mrs. Alice Murphy
(Address) 919 So. Gilmor St

5 Filed 6 1931, 19 RFH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb. 5, 1931, that I last saw him alive on Feb 3, 1931 and that death occurred, on the date stated above, at 10 10 p m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. S. Triplett, M. D.

Feb 5 1931 (Address) 1324 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 2/9/31 19

20 UNDERTAKER Harry H. Quitke

ADDRESS 4101 Edmondson

Spec.—1-30—M. & T.—250 Bks

E 65241 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65241

CERTIFICATE OF DEATH. 93-003

REGISTERED NO. 11-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 W. Lexington ST. WARD)

2-FULL NAME Benjamin Tipton

(a) RESIDENCE No. 626 W. Lexington ST., WARD Knoxville Tenn
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Tipton

6 DATE OF BIRTH (month, day, and year) Dec 23-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	87	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10 NAME OF FATHER Unknown Tipton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant E. L. Warren
(Address) 626 W. Lexington St.

15 Filed FEB 6 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 4, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harry Hirshman, M. D.

Feb 6 1931 (Address) 2687 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knoxville Tenn.

DATE OF BURIAL 2/6/1931

20 UNDERTAKER Harry A. Witzke

ADDRESS Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 65242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65242

CERTIFICATE OF DEATH.

18

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderham Hospital ST. 8-45 WARD)

2-FULL NAME Milton George Dunnigan

(a) RESIDENCE No. 2820 Pelham Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~###~~

6 DATE OF BIRTH (month, day, and year) Jan 20, 1929

7 AGE: Years 2 | Months 0 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Phillip Dunnigan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mae Faeffly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Phillip Dunnigan
(Address): 2820 Pelham Av.

15 Filed ....., 19 ..... NCB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1931, to Feb. 6, 1931, that I last saw him alive on Feb. 6, 1931, and that death occurred, on the date stated above, at 9:15 A.m.

The CAUSE OF DEATH* was as follows:

Simple Encephalitis

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2820 Pelham Av.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Spinal puncture

(Signed) L. Pole Meranchi, M. D.

, 19 (Address) Lyderham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bath. Lawn Cem. | DATE OF BURIAL: Feb. 9 1931

20 UNDERTAKER: John C. Miller & Son | ADDRESS: 35 E. Oliver St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 65243

E 65243

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2425 E. Fayette ST. 8-16 WARD)

2—FULL NAME Charles F. Daffield

(a) RESIDENCE NO. 2425 E. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Willis

DATE OF BIRTH (month, day, and year) 4-2-43

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	88	4	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Annapolis Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. A. Brinton

(Address) 2425 E. Fayette St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from February 2, 1931, to February 6, 1931, that I last saw him alive on February 5, 1931 and that death occurred, on the date stated above, at 3 32 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Lobular Bronchitis & Cardiac Dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Casanteg M. D.

2/6, 1931 (Address) 0025 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Feb. 8 1931

20 UNDERTAKER John C. Miller ADDRESS 3 Lexington

Spec.—7-17-26—A Co.—200 Bks.

E 65244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#65460 X 50 E 65244

REGISTERED NO. 124

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General St. Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Edna Eckhardt.

(a) RESIDENCE NO. Reisterstown, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1892

7 AGE: Years 38 Months 11 Days 7 (16) IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Glen Morris, Md.

(State or country)

PARENTS

10 NAME OF FATHER Louis Eckhardt.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Klingmeyer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Hospital Records.

(Address)

15 Filed 1931 C. HARRISON JONES, M. D. Registrar

By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1931, to Feb. 7, 1931, that I last saw her alive on Feb. 7, 1931, and that death occurred, on the date stated above, at 12:50 A.m.

The CAUSE OF DEATH* was as follows: Carcinoma Breast.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Reisterstown, Md.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Robert K. Carnworth M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetery Powell Hill Park

Date of Burial Feb 10 1931

20 UNDERTAKER J. F. Elder

ADDRESS Reisterstown Md

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

244078
E 65245

HEALTH DEPARTMENT—CITY OF BALTIMORE

47 ✓ E 65245

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

2-FULL NAME Clara Gaines

(a) RESIDENCE No. 434 No. Register ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE: Years 47; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Henrietta Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records
(Address)

17 Filed Feb 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Feb 4, 1931, that I last saw he alive on Feb 4, 1931, and that death occurred, on the date stated above, at 3:25 a m.

The CAUSE OF DEATH* was as follows:

mediastinal neoplasm

(duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) none
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) John B. Wachsmann, M. D.

2-4, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Gem

DATE OF BURIAL 2-8 1931

20 UNDERTAKER Lottie Brown

ADDRESS 1408 Ashland ave

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: John Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Henrietta Ball

BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Records

HAMPSON JONES, M. D.

Registrar

(duration) yrs. 2 mos.

CONTRIBUTORY (Secondary): none (duration) yrs. mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) John Dewey Washington, M. D.

2-4, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Mem

DATE OF BURIAL: 2-8 1931

20 UNDERTAKER: Lottie Gross

ADDRESS: 1408 Ashland ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65246 23 E 65246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (NO. Caton & Wilkens Ave ST. 27-53 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Murphy

(a) RESIDENCE NO. 6009 Falls Rd Mt Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19/1914

7 AGE: Years 16 Months 6 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Lawrence F Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

12 MAIDEN NAME OF MOTHER: Mary A Lucey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md.

14 Informant: Lawrence Murphy
(Address) 6009 Falls Rd

15 Filed ....., 19 .....

1931 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from 1-29, 1931, to 2-6, 1931, that I last saw him alive on 2-6, 1931, and that death occurred, on the date stated above, at 4.05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc Coll. Disease
Mitral Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Nicholas S Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Cem Govans

DATE OF BURIAL: Feby 9, 1931

20 UNDERTAKER: Harry H Immacost & Son

ADDRESS: 4201 Ridgewood Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65247 65247

11-002

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Forest Park Ave. ST. ..... WARD 15-6)

2. FULL NAME Lucy Jane Woodland

(a) RESIDENCE No. 3615 Forest Park Ave. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Woodland

6. DATE OF BIRTH (month, day, and year) Apr. 3, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	91	10	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Gloucester Co.
(State or country) Va

PARENTS
10. NAME OF FATHER John Teagle
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Va.
12. MAIDEN NAME OF MOTHER Elizabeth Evans
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14. Informant Mrs. Norm
(Address) 3615 Forest Park Ave.

15. Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1931, to Feb 5, 1931
that I last saw her alive on Feb 4, 1931
and that death occurred, on the date stated above, at 2.20 P.M.
The CAUSE OF DEATH* was as follows:
Grippe
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (Secondary) Old age
(duration) 91 yrs. 10 mos. 2 ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) C. C. Heacet M. D.
2/6 1931 (Address) 1407 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb. 9 1931

20. UNDERTAKER Wm. McKnew Sons — ADDRESS North Ave

7 1931

Spec.—9-30—A. & Co.—250 Bks.

65248

HEALTH DEPARTMENT—CITY OF BALTIMORE

65248

CERTIFICATE OF DEATH.

82-001

H-63

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4412 Belvidere ST. ..... WARD.)

2. FULL NAME Caroline Lederer

(a) RESIDENCE No. 4412 Belvidere ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lederer

6 DATE OF BIRTH (month, day, and year) Nov 12 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER John Tatyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Sarah Lancaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mrs. Sarah Ringer
(Address) 4412 Belvidere

15 Filed Feb 7 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 5, 1931, that I last saw her alive on Feb 4, 1931 and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH* was as follows:

Cerebral hemorrage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [illegible] M. D.

2-6 1931 (Address) 220 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Feb 7 1931

20 UNDERTAKER: W. P. Tudor & Son

ADDRESS: Mt Pleasant

Spec.—1-30—M. & T.—250 Bks.

E 65249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65249

CERTIFICATE OF DEATH.

REGISTERED NO. 27-55 / 31

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. University Hosp ST. WARD)

2-FULL NAME Carlos Wade Omohundro

(a) RESIDENCE NO. 3500 Belvedere Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Marie Elizabeth Omohundro

6 DATE OF BIRTH (month, day, and year) Dec 6, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) City Employe

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Beals Md.

PARENTS

10 NAME OF FATHER James T. Omohundro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Martinsburg W. Va.

12 MAIDEN NAME OF MOTHER Alice J. Lowery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records (Address)

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 6, 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis & uremia

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Congestive Cardiac insufficiency (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & Clin. findings

(Signed) George F. Geiger, M. D.

Feb 7, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feby 9, 1931

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS Mt Pa

Spec.—9-30—A. & Co.—250 Bks.

E 65250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65250

82-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N Coolingtown ~~Street~~ WARD) 9th

2. FULL NAME Mary A Strickfus

(a) RESIDENCE No. 809 N Coolingtown ~~Ave~~ WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonard J.

6 DATE OF BIRTH (month, day, and year): 6-17-1850

7 AGE: Years 80 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Keyhan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ann Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Edw. L. Strickfus
(Address): Ellicott City Md

15 Filed 7 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Feb 5, 1931, that I last saw he alive on Feb 5, 1931, and that death occurred, on the date stated above, at 2:15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Cardiac Paralysis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rupp M. D.
Feb 5, 1931 (Address) 801 N Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 2/9 1931

20 UNDERTAKER: George W Farley

ADDRESS: Fulton & Fayette

Spec.—9-30—A. & Co.—250 Bks.

65251 HEALTH DEPARTMENT—CITY OF BALTIMORE 65251

CERTIFICATE OF DEATH.

51 REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 4902 York Rd ST. 7148 (WARD)

2 FULL NAME David H. Shaw

(a) RESIDENCE NO. 4902 York Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred Life yrs. ..... mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V Shaw.

6 DATE OF BIRTH (month, day, and year) Jan 31-1857

7 AGE: Years 74 Months 0 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired postal
(b) General nature of industry, business, or establishment in which employed (or employer) Carrier
(c) Name of employer U.S.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Robert Shaw
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mabel Tombs
(Address) 4902 York Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929, to Feb. 5, 1931, that I last saw him alive on Feb. 5, 1931, and that death occurred, on the date stated above, at 11 10 p.m.

The CAUSE OF DEATH* was as follows:
Carcinoma Bladder + Prostate

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gen. Carcinomata.
(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Byers M. D.

2-6-1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery
DATE OF BURIAL Feb 9 1931

20 UNDERTAKER Franklin W Seitz
ADDRESS 709 W 33rd

C. HAMILTON JONES, M. D.
NOT

Spec.—9-30—A. & Co.—250 Bks.

E 65252

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 108

E 65252

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 15th Division 1420 (STREET) (WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Fredrick Parrish

(a) RESIDENCE No. Randalston Md. (STREET) WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 7 1896

7 AGE 34 Years 35 Months 4 Days 3 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O.K.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Randalston

PARENTS

10 NAME OF FATHER Wm Parrish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sida Johnson

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. La-Trade St. 518 Wilson St.

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to Feb. 5, 1931 that I last saw him alive on Feb. 5, 1931 and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald M. D.

2/5, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas

DATE OF BURIAL 2/8 1931

20 UNDERTAKER Samuel Brumley

ADDRESS 578 N. Eutaw

Spec.—9-30—A. & Co.—250 Bks.

E 65253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65253

CERTIFICATE OF DEATH.

REGISTERED No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1203 Myrtle Av ST. 17-24 WARD)

2. FULL NAME Thos. H. Bowie Jr

(a) RESIDENCE No. 1203 Myrtle Av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1-1930

7. AGE: Years | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER Thos H Bowie Jr
11. BIRTHPLACE OF FATHER (city or town) (State or country) Md
12. MAIDEN NAME OF MOTHER Ruth Hurkins
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14. Informant Thos Bowie Jr.
(Address) 1203 Myrtle Av

15. Filed . 19 W. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7/8/31

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1930, to Feb 5, 1931, that I last saw him alive on Feb. 5, 1931, and that death occurred, on the date stated above, at 3-45 pm.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Charles T. Woodall M. D.
. 19 (Address) 1205 Myrtle Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem
DATE OF BURIAL: 7/7 1931

20. UNDERTAKER: Samuel Gheasley
ADDRESS: W Balto

Spec.—8-16-29—L. F. S.—100 Bks.

65254

HEALTH DEPARTMENT—CITY OF BALTIMORE

95 002 65254

CERTIFICATE OF DEATH

1921

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1503 W. Mulberry ST., ... WARD)

2—FULL NAME Sophia Williams

(a) RESIDENCE NO. 1503 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Colrd

5 Single, Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE 65 Years — Months — Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Ollie Jones
(Address) 1503 Mulberry

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1931

17 I HEREBY CERTIFY, ~~That~~ I attended deceased from June 10, 1931, to Feb 5, 1931, that I last saw h..... alive on Feb 5, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart Arteriosclerosis ? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? F. T. Norwood

(Signed) Feb 6 31, 19 M. D.

(Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Feb 7 1931

20 UNDERTAKER Dennis Carlson

ADDRESS 916 Gay

Spec.—1-30—M. & T.—250 Bks

E 65255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65255

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 McCulloh ST., 14-20 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estell Bruce

(a) RESIDENCE No. 2032 McCulloh ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Bruce

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore city

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Marquette

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Gilbert Bruce

(Address) 2032 McCulloh St

15 Filed 1931 .....19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1931 to 2-6, 1931, that I last saw her alive on 2-5, 1931, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ....yrs. ....mos 14 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. ....mos. 21 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank T. Saunders, M. D.

2-6, 1931 (Address) 1029 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Mt Auburn Cem

DATE OF BURIAL Feb 7 1930

20 UNDERTAKER Dennis Easton

ADDRESS 916 Pa Ave

Spec.—1-30—M. & T.—250 Bks

Bicentennial Index
48 V E 65256

E 65256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1230 N Curley St. ST., 81 WARD)

2-FULL NAME Rhea G. Farrell

(a) RESIDENCE NO. 1230 N Curley St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Leonard J. Farrell

7 DATE OF BIRTH (month, day, and year) 11/16/1893

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Hagerstown Md.

PARENTS

10 NAME OF FATHER Grant E Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Mary Rouzerdelp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr Leo Farrell.
(Address) 1230 N Curley St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 9 1930 to February 4. 1931. that I last saw her alive on February 4. 1931 and that death occurred, on the date stated above, at 1130 P.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) yrs. 8 mos. ..... da.

CONTRIBUTORY (Secondary) Cachexia + Metastasis

(duration) yrs. 2 mos. ..... da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Chas. Gaulley M. D.

2/6. 1931 (Address) 2025 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 2/7 1931

20 UNDERTAKER John J. Fahey & Sons

ADDRESS 1318 Light St

1-30—M. & T.—100 B—50L

E 65257

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 65257

CERTIFICATE OF DEATH

206

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: 1906 S 76-37 (WARD)

2-FULL NAME Blair Brooks

(a) RESIDENCE No Jno Hopkins Hosp. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/22/1903 inquiry

7 AGE Years 27 Months 2 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Orderly (b) General nature of industry, business, or establishment in which employed (or employer) Jno Hopkins Hosp (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER B E Brooks

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Clara Burns

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant B. H. Brooks

(Address) Williamsburg Va

15 Filed ..... 1931 ..... 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute he was during train collided with moving frame

(4) ..... (duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Cervical Vertebrae Barber Fract Femur (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baston Pr

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. J. Frame, M. D. Coroner

..... 19 (Address) 2439 W. Eddingy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsburg Va

DATE OF BURIAL 2/7 1931

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hotel

Spec.—9-30—A. & Co.—250 Bks.

E 65258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65258

CERTIFICATE OF DEATH.

1084

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 W. Mulberry St. W. 27) WARD

2 FULL NAME Katherine G. Hunt

(a) RESIDENCE NO. 1920 W. Mulberry St. WARD
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

length of residence in city or town where death occurred 25 yrs. 6 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 1905

7 AGE: Years 25 Months 6 Days 2 If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Morris J. Hunt
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Katherine L. Knapp
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Rosalie C. Hunt
(Address): 1920 W. Mulberry St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 6, 1931

That I last saw h[illegible] alive on Feb 6, 1931, at 5 PM

and that death occurred, on the date stated above, at 5 PM

The CAUSE OF DEATH was as follows:
Lobar Pneumonia (Right) (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ... Cardiac Dilatation & Decompensation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Leon Weisig M. D.

(Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorden Park Cemy

DATE OF BURIAL: Feb 9 1931

20 UNDERTAKER: Jos Goesdens Son

ADDRESS: 2173 Pa.

FEB 7 1931 ... JONES

Spec.—1-30—M. & T.—250 Bks

E 65259 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65259

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2440 Guilford Ave St. 12-50 WARD)

2-FULL NAME Frances Callahan

(a) RESIDENCE No. 2440 Guilford Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William O. Callahan

6 DATE OF BIRTH (month, day, and year) July 7-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	78	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10 NAME OF FATHER Rooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas

12 MAIDEN NAME OF MOTHER Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Miss May Callahan
(Address) 2440 Guilford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/31

17 I HEREBY CERTIFY, That I attended deceased from 2/6/29, 19..., to 2/6/31, 19..., that I last saw h.. alive on 2/6/31, 19..., and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) W W Godden, M. D.

2/9/31, 19 (Address) 321 E 25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Feb. 9- 1931

20 UNDERTAKER Margaret E. Flynn — ADDRESS 1212 Light St.

JOHN C. HANSON JONES, M.D. 1931

Spec.—1-30—M. & T.—250 Bks.

E 65260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65260

CERTIFICATE OF DEATH.

X 107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST., ... WARD)

2-FULL NAME John Kesner

(a) RESIDENCE NO. Hamond Ferry Rd ST., Lansdowne Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Christina M. Kesner

6 DATE OF BIRTH (month, day, and year) April 26th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jacob Kesner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Christina M. Kesner
(Address) Hamond Ferry Rd Lansdowne

15 Filed ..... 19 ..... C. Harrison Jones, M. D., Registrar

1931 RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 5, 1931, that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 4:00 A.m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & laboratory

(Signed) George H. Yeager M. D.

2/5, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feb 7th 1931

20 UNDERTAKER E. Schloman & Son

ADDRESS 1039 Hanover st

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65261 E 65261

CERTIFICATE OF DEATH

93003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 21-31 WARD)

2. FULL NAME Frances Gross

(a) RESIDENCE NO. 525 West ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Gross

6 DATE OF BIRTH (month, day, and year) Aug. 1 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harrisburg
(State or country) Pa.

PARENTS

10 NAME OF FATHER Basil Dorsey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... C. Harrison Jones, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-31

17 I HEREBY CERTIFY, That I attended deceased from 1-19-31, 19..., to 2-3-31, 19...

that I last saw her alive on 2-3-31, 19...

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

more than (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Thrombosis of Mesenteric Artery.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas. G. Arnold Jr. M. D.

19 ..... 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cemetery

DATE OF BURIAL 2/7 1931

20 UNDERTAKER Walter B. Spriggs

ADDRESS 189 W. Hamburg St.

Spec.—1-30—M. & T.—250 Bks.

E 65262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65262

CERTIFICATE OF DEATH.

107

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Valley ST. 10-14 WARD)

2-FULL NAME Thomas J. Roche

(a) RESIDENCE No. 1040 Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? 47 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Kn

7 AGE: Years about 85 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Roche

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Abigal McSweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Margaret Bailey
(Address) 1040 Valley

15 Filed ..... 19 ..... Registrar

1931 C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 6, 1930; that I last saw him alive on Feb 6, 1930; and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Terminal (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schenck, M. D.

, 19 (Address) 1334 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Feb. 9 1931

20 UNDERTAKER: Henry Hoch Sons Inc. | ADDRESS: 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

E 65263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65263

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital (St.) (WARD)

2-FULL NAME Hilda Harman Mende

(a) RESIDENCE NO. 1720 W. Pratt ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Conrad Mende

6 DATE OF BIRTH (month, day, and year) Oct. 6 1892

7 AGE Years 38 Months 3 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress in 086

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER H. M. Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Louenda White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Mrs Frank Farace
(Address) 1720 W. Pratt St.

15 Filed 1931 C. 19 H. HAMPSON JONES, M. D. Registrar
By RW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-3, 1931, to 2-4, 1931, that I last saw h~~e~~ alive on 2-4, 1931, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
following
Influenza
(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) A. F. Conway, M. D.

2-4-1931 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buchmanns Cem. DATE OF BURIAL 2/7/1931

20 UNDERTAKER John G. Connelly ADDRESS Cecil

Spec.—1-12-23—M&T—500 Bks.

E 65264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65264

CERTIFICATE OF DEATH.

REGISTERED NO. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH West Balt Gen. Hospital

CITY OF BALTIMORE: (NO. 18-29 ST. (WARD)

2.-FULL NAME Charles Crouch

(a) RESIDENCE NO. 931 W. Lombard St. ~~831 W. Lombard St~~ ST., WARD C

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah A. Crouch

6 DATE OF BIRTH (Month, day, and year): Unknown

7 AGE: Years 83 yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elkton, Maryland

PARENTS

10 NAME OF FATHER: Mr. Crouch

11 BIRTHPLACE OF FATHER (city or town) (State or country): United States

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Catherine Pugh

(Address): 2725 Winchester St.

15 Filed 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 7, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 8:45 Am.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry Lehman, M. D.

2/7, 1931 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb. 9 1931

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65265

CERTIFICATE OF DEATH.

97-001 ✓ E 65265

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt.Clare, B & O. R. R. St. 18-29 Ward)

2-FULL NAME Charles H. Roloson

(a) RESIDENCE NO. 41 S. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Roloson

6 DATE OF BIRTH (month, day, and year) February 5, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R. R.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Hugh Roloson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Eliza Patterson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Lilly Roloson

(Address) 41 S. Carey St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broken Compensation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. E. Hales M. D.

(Coroner)

2/5/31 19 (Address) 143 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial 2-9 1931

20 UNDERTAKER Joseph B. Cook

ADDRESS 1033 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks.

65266 HEALTH DEPARTMENT—CITY OF BALTIMORE 65266

CERTIFICATE OF DEATH.

13 V

16-67

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 Lyttleton Road ST. (WARD)

2. FULL NAME Mary L. Green

(a) RESIDENCE No. 3009 Lyttleton Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 3, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Buffalo Hart
(State or country) Illinois

PARENTS
10. NAME OF FATHER William F. Fawkes
11. BIRTHPLACE OF FATHER (city or town) Bowling Green
(State or country) Kentucky
12. MAIDEN NAME OF MOTHER Mary L. Riddle
13. BIRTHPLACE OF MOTHER (city or town) Mechanicsburg
(State or country) Illinois

14. Informant Mr. John M. Green
(Address) 3009 Lyttleton Road

15. Filed 7 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 6, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 4th 1930 to Feb. 6th 1931
that I last saw her alive on Feb. 6th 1931
and that death occurred, on the date stated above, at 11.40 P.M.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Urine Rowling
(Signed) Ebert G. Reitzel M. D.
2/7 1931 (Address) 2221 N. Fulton Avenue

*State the Disease Causing Death, or In deaths from Violent Causes State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Springfield, Ill.
UNDERTAKER Joseph B. Cole
DATE OF BURIAL Feb. 7 1931
ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bls.

65267 HEALTH DEPARTMENT—CITY OF BALTIMORE 65267

CERTIFICATE OF DEATH. X 34 L

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 26-37 WARD .....)

2. FULL NAME James Short

(a) RESIDENCE NO. ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Hilltop, Md.

Length of residence in city or town where death occurred [redacted]e yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 54; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 0 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: Charles Short
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Maria ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-4-31

17 I HEREBY CERTIFY, That I attended deceased from 1-28-31, 19..., to 2-4-31, 19... that I last saw him alive on 2-4-31, 19... and that death occurred, on the date stated above, at 4:35 P.M.

The CAUSE OF DEATH* was as follows:
Syphilis of aorta with aortic insufficiency
more than (duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Podget M. D.
2-6 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C.
DATE OF BURIAL: 2/7 1931
20 UNDERTAKER: Samuel Hensley
ADDRESS: 578 T St. Nw. D.C.

Spec.—1-30—M. & T.—250 Bks.

E 65268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65268

157-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Mulberry & Leather streets ST. 15-67 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas R Baby Holmes

(a) RESIDENCE No. 3013 Presbury St Balto, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): .....

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 2-4-31

7 AGE: Years ..... Months ..... Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Edward A Holmes

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Henry Getrendemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) 3013 Pressburg St

14 Informant Catharine d Holmes
(Address) 3013 Pressburg St

15 Filed 1931, 19 .....

C. Harrison Jones, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from 2-4-31, 19..., to 2-6-31, 19...,

that I last saw him alive on 2-6-31, 19...,

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Physical & Cardiac Punctures

(Signed) Hjalmar S Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 2/17 1931

20 UNDERTAKER Wm Cook

ADDRESS 1317 St Paul

Spec.—1-30—M. & T.—250 Bks

E 65269

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-006 E 65269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 So. Mount St. ST., 1928 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annastacia Boland

(a) RESIDENCE No. 307 So. Mount St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of late William Boland

6 DATE OF BIRTH (month, day, and year) Mch. 28th. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Malone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. James Boland
(Address) 307 So. Mount St.

15 Filed FEB 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1931

17 I HEREBY CERTIFY, ~~That~~ I attended deceased from Feb 4, 1931, to Feb 6, 1931, that I last saw h. alive on Feb 6, 1931, and that death occurred, on the date stated above, at 11:30 P.M. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage Hemiplegia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) James L. Kilgenbury M. D.

2/7, 1931 (Address) 721 Mt. Hope Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	2/10/31

20 UNDERTAKER Harry H. Wolfe ADDRESS 4101 Edmondson Ave

Spec.—9-30—A. & Co.—250 Bks.

E 65270

HEALTH DEPARTMENT—CITY OF BALTIMORE

106 E 65270

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1210 N. Patterson Park Ave ST. (WARD) 12

2 FULL NAME Francis Troch Jr

(a) RESIDENCE No. 1210 N. Patterson Park Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 1. 2. 31.

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Joseph A. Troch
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER: Cecilia A. Kowalicka
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Petersburg Va.

14 Informant (Address): Mrs. Wm. A. Troch 1210 N. Patterson Park Ave.

15 Filed ....., 19 ..... Registrar: R. K. H.

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6. 31.

17 I HEREBY CERTIFY, That I attended deceased from February 6, 19 31. to February 6, 19 31. that I last saw him alive on February 6, 19 31. and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Convulsions (duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) Harry H. A. Meyer M. D.
19 (Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Sepulcher — DATE OF BURIAL: Feb 8 1931

20 UNDERTAKER: Frank Crook Sr. 1906 Eastern Ave — ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

65271 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

92-001 E 65271

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 510 Ensor St. ST. 5-8 WARD)

2. FULL NAME Mary Russell Fink

(a) RESIDENCE No. 510 Ensor St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Fink

6 DATE OF BIRTH (month, day, and year) Sept. 30 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil Co., Md.

PARENTS

10 NAME OF FATHER Wm. Priest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co. Md.

12 MAIDEN NAME OF MOTHER MatischCameron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co. Md.

14 Informant Mrs. Arthur M. Bell
(Address) 510 Ensor St.

15 Filed ..... 19 ..... Registrar

7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5-1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1930, to Feb. 5, 1931 that I last saw her alive on Feb 4 1931 and that death occurred, on the date stated above, at 6-30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 16 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 8 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John [illegible] Peck M. D.

2/6, 1931 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Feb 8 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 65272

CERTIFICATE OF DEATH

E 65272

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1826 Madison ST., 14-20 (WARD)

2—FULL NAME Abraham Bond

(a) RESIDENCE NO. 1826 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Bond

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	4		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) odd

(c) Name of employer Cambridge

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Hilda Bond Quarles

(Address) 1826 Madison St

15 Filed 8 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 5, 1931, that I last saw him alive on Feb 5, 1931 and that death occurred, on the date stated above, at 9 am m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilitation of heart (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

2-6, 1931 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL Feb 8, 1931

20 UNDERTAKER Louis J. Locke

ADDRESS 1302 Jefferson

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65273

E 65273

CERTIFICATE OF DEATH.

107-001

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hosp.

CITY OF BALTIMORE: (No. ..... ST. 26-42 WARD)

2-FULL NAME Hamelina Huggins

(a) RESIDENCE No. 4224 Belmar Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 23, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
80 81	—	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Cumberland
(State or country) Md.

PARENTS

10 NAME OF FATHER Clinton Huggins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Ann Clay

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Md.

14 Informant Angela
(Address) Baltimore City Hosp.

15 Filed ..... 19 ..... Registrar

1931 C. HUMPHREY JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17-, 1930, to 2-6-, 1931, that I last saw her alive on 2-6-, 1931, and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fred M. Dunkwalt, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount Cemetery

DATE OF BURIAL Feb 9, 1931

20 UNDERTAKER Fred A. Kramer & Son

ADDRESS 703 Hamp

Spec.—1-30—M. & T.—250 Bks.

John Medelis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65274 E 65274

CERTIFICATE OF DEATH.

97 001

22-30

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 423 S Paca ST., ... WARD)

2-FULL NAME JOHN MEDELIS

(a) RESIDENCE NO. 423 S Paca ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of or) WIFE of Eva Medelis

6 DATE OF BIRTH (month, day, and year) NO 1840

7 AGE 91 Years Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work No.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS
10 NAME OF FATHER No.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania
12 MAIDEN NAME OF MOTHER No.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Mary Grebliauckas
(Address) 423 S Paca Street

15 Filed B 8 1931 19 Harry Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 6, 1931, to Feby 6, 1931, that I last saw him alive on Feby 6, 1931, and that death occurred, on the date stated above, at 7 40 P m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D Gheadososhy M. D.

2-7, 1931 (Address) 1 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb. 10. 1931

20 UNDERTAKER John Grebliauckas — ADDRESS 423 S Paca St

Spec.—1-30—M. & T.—250 Bks

E 65275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65275

CERTIFICATE OF DEATH.

46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 W. Franklin ST. 20-7D WARD

2-FULL NAME Minnie C Tieperman

(a) RESIDENCE No. 3402 W Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry E. Tieperman

6 DATE OF BIRTH (month, day, and year) Nov 2/1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	48	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William R. Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Schaefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry E Tieperman
(Address) 3402 W. Franklin St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931 to Feb 7, 1931, that I last saw he alive on Feb 7, 1931, and that death occurred, on the date stated above, at 12:05 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach -

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) General Malnutrition - cachexia -
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-Ray -

(Signed) Louis F Hammelin, M. D.

, 19 (Address) 722 N. Hemwoodlawn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Feby 9 1931

20 UNDERTAKER Harry H Armacost & Son

ADDRESS 2424 Ridgewood Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 65276

HEALTH DEPARTMENT—CITY OF BALTIMORE

43-003 65276

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1037 Asquith St. 10-14 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Rosenberger

(a) Residence No. 1037 Asquith St St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, husband of (or) WIFE of Louis Rosenberger

6-DATE OF BIRTH (month, day and year) April 2 / 1851

7-AGE 79 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Germany

PARENTS.

10-NAME OF FATHER John Thillman

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) —

14- (Informant) Sophia Rosenberger
(Address) 1037 Asquith St

15- Filed, ... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 4 / 31

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1931 to Feb 4 1931, that I last saw h. er alive on Feb 3 1931, and that death occurred on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardiovascular Disease c̄ Auricular Fibrillation

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hr Rooman, M. D.
19 (Address) 1001 Asquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Feb 9 19 31

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

FEB 9 1931

Spec.—1-30—M. & T.—250 Bks.

65277

HEALTH DEPARTMENT—CITY OF BALTIMORE

65277

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 30

2-FULL NAME George Seifert

(a) RESIDENCE No. American ave (Lansdowne) ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 14 4 days ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE~~ of Rose Seifert

6 DATE OF BIRTH (month, day, and year) Oct 23-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Seifert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Christina Wetter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Rose Seifert
(Address) American ave (Lansdowne)

15 Filed FEB 9 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1931 to Feb 6, 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:
Aplastic anemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Streptococcus septicaemia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & laboratory findings

(Signed) J Wilson Baker M. D.

2-6, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 9 1931

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-30—M. & T.—250 Bks.

Roppelt ✓

E 65278 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65273

CERTIFICATE OF DEATH.

26-23-141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4609 Kavon Ave ST. ..... WARD .....

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna B. Roppelt

(a) RESIDENCE No. 4609 Kavon ST. Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Roppelt

6 DATE OF BIRTH (month, day, and year) Feby 6-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7 11	29 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John T. Klug

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Bitterfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Arthur W. Klug
(Address) 4609 Kavon Ave

15 Filed ..... 19 ..... C. HARRY JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/31

17 I HEREBY CERTIFY That I attended deceased from Dec 13 30 to January 19 31

that I last saw alive on Feb 3 31

and that death occurred, on the date stated above, at 10 30 a. m.

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Exudative

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) M. J. Tracy, M. D.

2/7, 19 31 (Address) 6220 Wash. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Feby 9 1931

20 UNDERTAKER John Ullrich

ADDRESS 2108 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 65279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65279

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 E. 29th St. G-46 WARD)

2-FULL NAME George Laurence Ulrich Jr.

(a) RESIDENCE No. 1915 E 29th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 8/1931

7 AGE Years Months 2 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. Laurence Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Alveria C. Hurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo. L. Ulrich (Address) 1915 E 29th St.

15 Filed C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/ 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1931, to Feb 7, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. N. Meyer, M. D.

2/7 1931 (Address) 1500 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Feb. 9 1931

20 UNDERTAKER Wm. E. Black ADDRESS 927 N. Broadway

Spec.—9-30—A. & Co.—250 Bks.

Dr. Sanderson 1714 Caroline St

Ver 2063

E 65280 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65280

CERTIFICATE OF DEATH.

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Aiken St. 9-18 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Agnes T. Gerlach

(a) RESIDENCE No. 1727 Aiken ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in City or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of John T. Gerlach

6. DATE OF BIRTH (month, day, and year) Dec 2nd 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10. NAME OF FATHER: Patrick Rafferty

11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14. Informant: Mrs A. G. Kahl daughter

(Address) 6408 Sherwood Rd Md

16. Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 7th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 7, 1931

that I last saw him alive on Feb 7, 1931

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Heart failure

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 6 ds.

18. Where was disease contracted if not at place of death? 1837 Aiken St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Sanderson M. D.

2/7 1931 (Address) 1714 Maryland St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 2/10 1931

20. UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

FEB 8 1931

Spec.—9-30—A. & Co.—250 Bks.

D. Brown 1663 W. North Ave 8 P.M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65281 E 65281

CERTIFICATE OF DEATH.

131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5331 Reisterstown Rd. 27-55 WARD)

2-FULL NAME John Eckstine

(a) RESIDENCE No. 5331 Reisterstown Rd WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna Eckstine

6 DATE OF BIRTH (month, day, ~~and year~~) May 15th 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry N. Eckstine
(Address) 5331 Reisterstown Rd

15 Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, ~~day, and year~~) Feb 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 7, 1931 that I last saw him alive on Feb 7, 1931 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chr Ulcerative Endocarditis

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr Pancreatitis Nephritis (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Power Brown M. D.

Feb. 19, 1931 (Address) 1663 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 2/10/ 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—0-30—A. & Co.—250 Blks

D. Tankin 119 N. Milton Ave Wolf 3930

E 65282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 6 South Smallwood St. WARD)

2. FULL NAME Thomas Miles

(a) RESIDENCE NO. 6 South Smallwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Fannie M. Miles

6 DATE OF BIRTH (month, day, ~~and year~~) July 4th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer Self

686

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. P. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Fannie Miles

(Address) 106 S. Smallwood St.

15 Filed FEB 8 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Feb 5th, 1931

that I last saw him alive on Feb 5th, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Tankin M. D.

19 (Address) 1197 N. Milton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 2/10/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 65283 E 65283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 18-29 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Zendgraf

(a) RESIDENCE No. ~~[illegible]~~ 906 Lemon St St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of Albert Zendgraf

6 DATE OF BIRTH (month, day, and year) July 2 1902

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) ..... (State or country) Georgia

PARENTS

10 NAME OF FATHER Frank Boswell

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Georgia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Not known

14 Informant Albert Zendgraf
(Address) 906 Lemon St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6. 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1931, to Feb. 6, 1931, that I last saw h alive on Feb 6, 1931, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia of entire Rt lung – Cardiac Collapse

(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(duration) ..... yrs. ..... mos. 13 ds.

18 Where was disease contracted if not at place of death? 906 Lemon St.

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Phys. Examination

(Signed) McEwen M. Douglass, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Mt Oak Mitchellville Md

DATE OF BURIAL 2/10/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

Dr McCarty 3710 Preston Md 2/6 V-25139

65284 HEALTH DEPARTMENT—CITY OF BALTIMORE 65284

CERTIFICATE OF DEATH.

23

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2200 Greenmount Ave STREET 17-50 WARD)

2. FULL NAME Margaret Adelaide Young

(a) RESIDENCE No. 2200 Greenmount Ave STREET ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9th 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	30	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): 509

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Arthur V. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington DC

12 MAIDEN NAME OF MOTHER: Margaret I Gilchrist

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Margaret Young
(Address) 2200 Greenmount Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1927, to Feby 6, 1931
that I last saw her alive on Feby 5, 1931
and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Larynx
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray. sputum

(Signed) Harry D. McCarty M. D.

2-6 1931 (Address) 3710 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2/9/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65285

93 E 65285

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 8-17 WARD)

2 FULL NAME Robert M. Meeks

(a) RESIDENCE NO. Lanvale near Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER William
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.
12 MAIDEN NAME OF MOTHER Mary ?
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed FEB 6 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-31

17
I HEREBY CERTIFY, That I attended deceased from 10-2-29, 19..., to 2-7-31, 19
that I last saw him alive on 2-7-31, 19
and that death occurred, on the date stated above, at 8:35 A.m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) 2½ yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypertension and arteriosclerosis UNKNOWN (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.
(Signed) Paul Padget M. D.
2-7-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 2/10/1931
20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks

Dr Cahn Balto & Smallwood Sts / Gilmor 2456

2145

E 65286 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65286

CERTIFICATE OF DEATH.

11-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Pennsylvania Ave. 70-27 (WARD)

2. FULL NAME Rosa Katherine Schmidt

(a) RESIDENCE No. 2020 Pennsylvania ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of George L. Schmidt

6 DATE OF BIRTH (month, day, and year) Jan 4th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas E. Hamm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Geo L. Schmidt
(Address): 2020 Pennsylvania Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/4, 1931, to 2/6, 1931, that I last saw her alive on 2/6, 1931, and that death occurred, on the date stated above, at 10 30 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. Neill Cahn M. D.

2/7, 1931 (Address) 2145 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 2/9/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 65287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65287

CERTIFICATE OF DEATH.

46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3007 Rosekemp Ave. St. 27-44 WARD)

2-FULL NAME Eugene Bishop

(a) RESIDENCE NO. 3007 Rosekemp Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jennie Bishop

6 DATE OF BIRTH (month, day, and year) 5. 6. 1852.

7 AGE: Years 78 | Months 9 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired 20 years
(b) General nature of industry, business, or establishment in which employed (or employer): Paint dealer
(c) Name of employer: Balto.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: Wm. Bishop
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER: Louise Fuller
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. Jennie Bishop
(Address) 3007 Rosekemp Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 6. 31.

17 I HEREBY CERTIFY, That I attended deceased from October 25, 19 30, to Febr. 6th, 19 31, that I last saw him alive on Febr. 6th, 19 31, and that death occurred, on the date stated above, at 7:20 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. H. A. McCyst M. D.

2/7, 19 31 (Address) 103 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 2/9/ 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr Seibert 2802 Harford Ave ✓ Bel 4140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65288

CERTIFICATE OF DEATH.

93-0 Patd 8 Bel 65288

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Kirk Ave. WARD) 4th

2. FULL NAME Elizabeth A. Briau

(a) RESIDENCE NO. 2208 Kirk Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of George W. Briau

6. DATE OF BIRTH (month, day, and year) Oct 31st 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12. MAIDEN NAME OF MOTHER Elizabeth Pennimau

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14. Informant Wm J. Briau
(Address) 1706 Holbrook st

15. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1931, to Feb. 5, 1931 that I last saw her alive on Feb. 5, 1931 and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Dyer M. D.

19. (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cemetery Harford Ave

DATE OF BURIAL 2/9 1931

20. UNDERTAKER Wm Cook ADDRESS 217 S. Paul st

Spec.—9-30—A. & Co.—250 Bks. T. J. Toohey 800 S. Ellwood Ave

✓ W O 1870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65289

CERTIFICATE OF DEATH.

107-001

REGISTERED No. 65289

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Fait Ave. WARD) 3

2 FULL NAME Mary Elizabeth Eaton

(a) RESIDENCE No. 2723 Fait Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Samuel Eaton

6 DATE OF BIRTH (month, day, and year) Nov 4th 1841

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Glen Rock Pa

PARENTS

10 NAME OF FATHER Lewis Kerr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Samuel H. Eaton
(Address) 417 S. Bonsal St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to Feb. 5, 1931 that I last saw he alive on Feb. 5, 1931 and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) T. Jos. Toohey M. D.

19 (Address) 800 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Fablers M. E. Church

DATE OF BURIAL 2/9/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65290 | 131 | E 65290

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Patterson Pk. Ave. WARD) 12

2. FULL NAME John Clayton Danker

(a) RESIDENCE No. 915 N. Patterson Pk. Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise C. Danker

6 DATE OF BIRTH (month, day, and year) July 4 1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist Assistance

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Union Bridge Md.

PARENTS

10 NAME OF FATHER John Danker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md Known

12 MAIDEN NAME OF MOTHER Mary Hankey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Known

14 Informant Louise C. Danker
(Address) 915 N. Patterson Pk. Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 5, 1931 that I last saw him alive on Feb 5, 1931 and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage –

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio-vascular Renal Hypertension + Sclerosis (Duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of –

Was there an autopsy? no

What test confirmed diagnosis? usual urine exam. &c.

(Signed) Louis F. Rammeen M. D.

. 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walto. Cemetery

DATE OF BURIAL Feb. 9 1931

20 UNDERTAKER Geo. E. Miller & Son

ADDRESS 233 + Fairmount St.

Spec.—9-29—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65291

CERTIFICATE OF DEATH.

122-001 E 65291

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W. Linwood Ave. 6-11 WARD)

2. FULL NAME Charles W. Stone

(a) RESIDENCE No. 217 W. Linwood Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie E. Stone

6 DATE OF BIRTH (month, day, and year) Aug. 16 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montreal Canada

PARENTS

10 NAME OF FATHER Joe Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Bertie E. Stone
(Address) 217 W. Linwood Ave.

15 Filed FEB 8 1931 by H. Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931 to Feb 6, 1931 that I last saw him alive on Feb 6, 1931 and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.
Macerated Preg. Hernia-Intestinal Obst.
(duration) yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic
Indurative Cirrhosis
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis? V. Reyst.

(Signed) W. G. Reyst M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cemetery

DATE OF BURIAL Feb. 9 1931

20 UNDERTAKER Geo. E. Miller & Son

ADDRESS 2334 Jefferson St.

6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65292 108 E 65292

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 525 Longwood ST. 10-10 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Gray Klein

(a) RESIDENCE NO. 525 Longwood ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 15-1929

7 AGE Years 1 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wilbur A. Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Estella M. Dean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wilbur A. Klein (Address) 525 Longwood St.

15 Filed 1931 . 19 JH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931 to Feb 7, 1931, that I last saw h[illegible] alive on Feb. 6 1931 and that death occurred, on the date stated above, at 8 45 a.m. Feb 7, 31

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clarence E. Madden M. D.

, 19 (Address) 3803 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb. 9 31

20 UNDERTAKER George L. Schwartz ADDRESS 20 Buck St.

Spec.—9-30—A. & Co.—250 Bks.

E 65293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65293

CERTIFICATE OF DEATH.

REGISTERED No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1107 Mc Culloh St. 11-24 WARD)

2. FULL NAME Verner Wessells

(a) RESIDENCE No. 1107 Mc Culloh ST. WARD Parksley Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Stephen Nickman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nellie Wessells

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Nellie Wessells Sr.
(Address) 1107 Mc Culloh St.

15 Filed ..., 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 6, 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 6-30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John Lasser M. D.

(Address) 753 Eager

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood Va

DATE OF BURIAL: 2/8 19 31

20 UNDERTAKER: Samuel J. Kennedy

ADDRESS 575 W. Biddle

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 65294

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Huntingdon Ave St. 17-51 WARD)

2. FULL NAME James M. Emor

(a) RESIDENCE No. 2620 Huntingdon Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 6, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Gas + Electric Co

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Isaac M. Emor

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Maggie E. Bulk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Maggie E. Emor
(Address) 2620 Huntingdon Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Feb 8, 1931, that I last saw him alive on Feb 8, 1931, and that death occurred, on the date stated above, at 1:45 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lung

(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY Pulmonary Tuberculosis (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bacilliscopic Exam.

(Signed) L. A. Frankenstein M. D.

Feb 8 1931 (Address) 1102 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westwood Balto Co.

DATE OF BURIAL Feb 10 1931

20 UNDERTAKER Chenowetho Son.

ADDRESS 3615 Chestnut Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65295

E 65295

CERTIFICATE OF DEATH.

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 W 36th St. 1352 ST., WARD)

2-FULL NAME Betty W. Foster.

(a) RESIDENCE No. 1029 W. 36th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 5 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	1	6.	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Vernon L. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie L. Wood.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Vernon L. Foster.
(Address) 1029 W 36th St.

15 Filed B 6 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 7, 1931, that I last saw her alive on Feb 7, 1931, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows: Broncho-Pneumonia

(duration) ....yrs. ....mos 2 ds.

CONTRIBUTORY (Secondary) measles.

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

2/7, 1931 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 9, 1931

20 UNDERTAKER Ethnowell Lor

ADDRESS 3615 Chestnut Ave

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65296

CERTIFICATE OF DEATH.

No. 31

E 65296

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3621 E. Fayette ST. WARD)

2 FULL NAME John H. Fischer

(a) RESIDENCE No. 3621 E. Fayette ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Fischer

6 DATE OF BIRTH (month, day, and year) Feb 18th 1871

7 AGE: Years 59 Months 11 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Warehouse Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Frederick Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Eva Fischer (Wife)

(Address) 3621 E. Fayette St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6th 31

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Feb 6 1931

that I last saw him alive on Feb 6 1931

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

1 Chronic Parenchymatous Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Certain

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Jno H. Kleeder M. D.

Feb 7, 1931 (Address) 830 N. E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Feb. 9th 1931

20 UNDERTAKER: Lilly & Zeiler Inc

ADDRESS: 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65297

E 65297

108

CERTIFICATE OF DEATH.

REGISTERED No. 1037

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 S. Newkirk St. (Ward)

2-FULL NAME Louisa Bailey

(a) RESIDENCE No. 512 S. Newkirk St. (Usual place of abode) St. 26 WARD (If non-resident give city or town and State)

length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George T. Bailey

6 DATE OF BIRTH (month, day, and year): Sept 22nd 1868

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	62	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John Strand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eng.

12 MAIDEN NAME OF MOTHER: Emma Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eng.

14 Informant: George T. Bailey (Address) 512 S. Newkirk St.

15 Filed ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6th/31

17 I HEREBY CERTIFY, That I attended deceased from 2/2 1931 to 2/6 1931 that I last saw her alive on 2/6/31 1931 and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows:

Acute Dilitation of the Heart (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur J. Hughes M. D.

Feb 7 1931 (Address) 1332 E. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Feb 9th 1931

20 UNDERTAKER: Lilly & Geiler Inc.

ADDRESS: 403 S. Mount St.

1-30—M. & T.—100 B—50L

E 65298

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 65298

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. 3923 Foster ST., No. 37 WARD

2-FULL NAME Theresa Hock

(a) RESIDENCE NO 3923 Foster ST., 26 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 6th 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pottsville Pa.

PARENTS

10 NAME OF FATHER Jacob Hock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Eliz. Lotz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Elizabeth Hock Mother

(Address) 3923 Foster Ave.

15 Filed FEB 8 1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut Throat

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Insanity

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Geo Cades, M. D. Coroner

, 19 (Address) 43 N Pine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Feb. 9th 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks.

E 65299 E 65299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-16 59

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST., 8 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Degnan

(a) RESIDENCE No. 1639 N Patterson Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joshua Parlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Son) Wm Degnan
(Address) 3004 Brendan Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1930, to Feb 6th, 1931, that I last saw her alive on Feb 6th, 1931, and that death occurred, on the date stated above, at 6 05 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Multiple neuritis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Multiple Infections

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical + lab

(Signed) Hyalmar S Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL Feb 9th 1931

20 UNDERTAKER Leo G. Cook ADDRESS 1723 Patt Pk Ave

Spec—9-30—A & Co.—250 BFs

✓ E65300

E 65300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-004

15-56

E 65300

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Ulman Ave ST. ..... WARD)

2 FULL NAME Barnett Cohen

(a) RESIDENCE No. 2705 Ulman Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Cohen

6 DATE OF BIRTH (month, day, and year): .....

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8 OCCUPATION OF DEECASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): J. Lewis 1439 E. Baltimore St

15 Filed ....., 19..... HARRY JONES, M. D. Registrar

K.E.C.

MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH (month, day, and year): 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1930, to Feb. 6, 1931 that I last saw him alive on Feb. 6, 1931 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Eugene Heaford M. D.

19 (Address) 205 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Road

DATE OF BURIAL: 2-8-1931

20 UNDERTAKER: Jack Lewis, 1439 E. Baltimore St.

ADDRESS: .....

Spec.—1-30—M. & T.—250 Bks.

E 65301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65301

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Leaton Aves. ST. 21-29 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Grover

(a) RESIDENCE No. 1243 Sargeant ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7/4/1930

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	7 months	0	1	2	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Leonard H. Grover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mildred Sands

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Leonard Grover
(Address) 1243 Sargeant St.

15 Filed FEB 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-1931

17 I HEREBY CERTIFY, That I attended deceased from 1/31, 1931, to 2/6, 1931,

that I last saw her alive on 2/6, 1931,

and that death occurred, on the date stated above, at 5:00 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
- Bilateral

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Hyalmar E. Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL 2/9/31

20 UNDERTAKER George J. Smith Inc — ADDRESS 1733 Hoffman

Spec.—S 30—A. & Co.—250 Blks

E 65302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65302

CERTIFICATE OF DEATH

131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 McCullough St. 13-69 WARD)

2. FULL NAME Charlotte Watson

(a) RESIDENCE No. 2334 McCullough St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Watson

6 DATE OF BIRTH (Month, day, and year): May 15 1868

7 AGE: Years 62 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Barnwell S. C.

PARENTS

10 NAME OF FATHER: Eugene Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mildred Brooks
(Address) 2334 McCullough St.

15 Filed ..... 19..... Registrar M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1930 to Feb 6, 1931

that I last saw he alive on Feb 6, 1931

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) C. S. McCard M. D.

2/7, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Aikin S. C.

DATE OF BURIAL: Feb. 8, 1931

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1927 Eutaw

Spec.—9-30—A. & Co.—200 Bks.

E 65303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Rutland Ave ST. 13 WARD)

2 FULL NAME George W. Morris

(a) RESIDENCE NO. 918 Rutland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan Morris

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 52 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: George Ford
(Address): 918 Rutland Ave.

15 Filed ..... 19..... Registrar

8 1931 C. BAYNARD JOHNS, R. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb-30 19 30, to Feby 4 19 31 that I last saw him alive on Feby 4 19 31 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Acute Indigestion

(duration) yrs. mos. 1 hr

CONTRIBUTORY (Secondary): Gastritis

(duration) yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. Alexander M. D.

19 (Address) 1445 Bragg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery

DATE OF BURIAL: Feb. 8 19 31

20 UNDERTAKER: Mrs. A. G. Elliot

ADDRESS: 425 Eutaw

Spec.—1-30—M. & T.—250 Bks.

E 65304

E 65304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 647 Patapsco ST., Brooklyn WARD)

2-FULL NAME Mrs. Maggie Gertrude Miller

(a) RESIDENCE NO. 647 Patapsco ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Mr. Louis Miller

6 DATE OF BIRTH (month, day, and year): Feb. 2nd 1868

7 AGE: Years 63 yrs. Months 0 Days 4 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Brooklyn Md.

PARENTS

10 NAME OF FATHER: August Schleine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Germany

12 MAIDEN NAME OF MOTHER: Margaret Appel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: G. N. Cromwell
(Address): 3608 Third St., Brooklyn

15 Filed: Feb 9 1931 Jones M. D. Registrar

B 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19th, 1931, to Feb. 5th, 1931, that I last saw her alive on Feb. 5th, 1931, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Guy N. Cromwell M. D.

2/6, 1931 (Address) 3608 Third St., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Feb 9 1931

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

Spec.—1-30—M. & T.—250 Bks

65305

E 65305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 -001

12-50

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Abell Ave. ST., ... WARD)

2-FULL NAME Catherine R. Dorsey

(a) RESIDENCE NO. 3004 Abell Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Birth yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 17, 1839

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
91	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Howard Callis
(Address) 3004 Abell Ave.

15 Filed FEB 6 1931 19 C. Harvey Jones M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-1931

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1931, to July 7, 1931, that I last saw her alive on July 6, 1931, and that death occurred, on the date stated above, at noon m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. ..... mos 4 da.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) F. J. Kirby M. D.

2/8, 1931 (Address) 110 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Feb. 9, 1930

20 UNDERTAKER Rita Vaudrica

ADDRESS Frederick & Frederick

Spec.—2-29-28—L. F. S.—500 Bks.

E 65306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65306

CERTIFICATE OF DEATH

53

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S Port ST. 13 WARD)

2—FULL NAME Mrs Lottie Taylor

(a) RESIDENCE NO. 618 S Port ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of George Taylor

DATE OF BIRTH (month, day, and year) June 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Charles Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lottie Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Daughter

(Address) 618 S Port St

Filed FEB 6 1931 19 .... C. Gilbert JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1930, to Feb 6, 1931, that I last saw he alive on Feb 6, 1931 and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma

..... (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Bladder

..... (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H L Kufeldweider, M. D.

2/6, 1931 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul's Cem	Feb. 9 1931

20 UNDERTAKER	ADDRESS
Thos E. Miller	35 E Lenny

Spec.—8-24-14—M. & T.—2000 Bks.

E65307

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 65307

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Paul & 21 St ST. 17-19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Clay Bull

(Residence in Baltimore: No. Victoria Apts 21 st & St Paul st Sta ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 5th (Day), 1844 (Year)

7-AGE, 86 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lady
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William De Vere

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Ann Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rosalie Bull

(Address) St Paul & 21

15-

Filed....., 191.. H. M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7th (Day), 1941 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1941, to Feb 7 1941, that I saw her alive on Feb 7 1941, and that death occurred, on the date stated above, at 3-40 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Senile

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alfonse J. Cimaglia M. D.

....., 191.. (Address) Lexington Bldg. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb 9/41, 191..

20-UNDERTAKER Thos W Mumford

ADDRESS Balto Md

HAMPSON JONES, M.

Cor.—12-9-25—A Co.—200 Bks.

E 65308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65308

93-003 E 65308

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 Ridgewood Road St. 47-53 Ward)

2-FULL NAME Gilbert Haven Alford

(a) RESIDENCE NO. 104 Ridgewood Road St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 48 yrs. 4 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida T. Sliff Alford

6 DATE OF BIRTH (month, day, and year) September 27 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer) Dentistry
(c) Name of employer Dr. Long Gunn

9 BIRTHPLACE (city or town) _____
(State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Samuel M. Alford

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hillanna Pierce

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Mrs Ida T. S. Alford (wife)
(Address) 104 Ridgewood Road. City

15 Filed _____ 19 _____ _____ Registrar

EB 9 1930 HAYDEN K. JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cardiac Dilatation

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) John Morrison M. D.
(Coroner)

2/7, 1931 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death — yrs., — mos., — ds. In the state — yrs., — mos., — ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Feb 9 1931.

20 UNDERTAKER Stewart Homes Company ADDRESS Balto. Md

Spec.—9-30—A. & Co.—250 Bks.

E 65309 E 67309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 11-24 23

CITY OF BALTIMORE: (No ..... St ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winnie McClure

(a) RESIDENCE No. 1212 Madison ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Unknown yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (separated) Bennie McClure

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 03

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Spartanburg, South Carolina

PARENTS

10 NAME OF FATHER Joe Larr

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records
(Address)

15 Filed 9 1931, 19 G. H. Parson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1931, to Feb. 6, 1931

that I last saw her alive on Feb. 6, 1931

and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Acute caseous pneumonia

..... (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) .....

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seaner M. D.

2-6, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL McCleanburn DATE OF BURIAL 2-9 1931

20 UNDERTAKER Dennis Eastes ADDRESS Gene 9/6

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65310

108

E 65310

CERTIFICATE OF DEATH

23-34

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1045 S. Sharp St- St., Ward)

2-FULL NAME Annie Wilkes.(C)

(a) RESIDENCE NO. 1045 S. Sharp St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. --mos.--ds.-- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

5a If married, ~~[illegible]~~ (or) WIFE of John Wilkes.(C)

6 DATE OF BIRTH (month, day, and year) August 2,1901

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	29	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER John Taylor.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Mary E. Orden.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) South Carolina.

14 Informant John Wilkes.(C) husband.
(Address) 1045 S. Sharp St.

15 Filed _____, 19 _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 6, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto W. Leinhardt M. D.

2/7/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-9 1931

20 UNDERTAKER Daniel Easton

ADDRESS 9/6 Dye ave

Spec.—1-30—M. & T.—250 Bks

E 65311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117-001

REGISTERED NO. E 65311

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 12-54 WARD)

2-FULL NAME Mary France

(a) RESIDENCE NO. 2530 Maryland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 19-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer Butler Bible Institute

9 BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10 NAME OF FATHER Jas H. France

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Hannah Tamers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Aboard Ship Atlantic Ocean

14 Informant Mrs Wm R Nesbit
(Address) 2530 Maryland Ave

15 Filed G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1930, to Feb. 8, 1931, that I last saw he alive on Feb. 8, 1931, and that death occurred, on the date stated above, at 3:45 A.m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery Hopewell, Perryville Md

DATE OF BURIAL 2/10/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

1-30—M. & T.—100 B—50L

E 65312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

E 65312

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 15-21 WARD)

2-FULL NAME Lorretta M. Patton

(a) RESIDENCE No 2108 Herbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 13/~~31~~ 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	10	24 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Everett Patton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Margaret Keber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Everett Patton,
(Address) 2108 Herbert St

15 Filed ..... 192 .... Registrar

FEB 3 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis (Streptococcic)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Tonsilitis-Laryngitis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis? .....

(Signed) J. H. Patton, M. D. Coroner

Feb. 7, 31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int-Olivet Cemetery

DATE OF BURIAL 2/9 1931

20 UNDERTAKER William Cook

ADDRESS 1217 S. Calhoun

Cor.—10-10-29—A Co.—100 Bks.

65313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 65313

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp St. 11-24 Ward)

2-FULL NAME Wm H. Johnson

(a) RESIDENCE NO. 1114 Jenkins St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (Write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 51 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): O+O
(c) Name of employer: Chamberlain Md

9 BIRTHPLACE (city or town): Chamberlain Md
(State or country)

PARENTS

10 NAME OF FATHER: U
11 BIRTHPLACE OF FATHER (city or town): U
(State or country)
12 MAIDEN NAME OF MOTHER: U
13 BIRTHPLACE OF MOTHER (city or town): U
(State or country)

14 Informant: Louis Johnson
(Address): 1114 Jenkins

15 Filed 9-1931 19..... C. H. MASON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Hughes (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. Sudden ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Hughes, M. D.

Feb. 2 19 (Address) Berea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem

DATE OF BURIAL: 2/9 1931

20 UNDERTAKER: Samuel T. Beasley

ADDRESS: 578 N. Bidle

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

65314 HEALTH DEPARTMENT—CITY OF BALTIMORE 65314

CERTIFICATE OF DEATH.

159 ✓

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 W. Cross St. 23-31 WARD)

2. FULL NAME Melvin William Appe

(a) RESIDENCE NO. 133 W. Cross St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 1 ds. 12 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec. 26/30

7 AGE: Years ..... Months 1 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Philip Appe
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.
12 MAIDEN NAME OF MOTHER: Myrtle Caines
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Philip Appe
(Address) 133 W. Cross St.

15 Filed 9 1, 1931 C. HANFORD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 7/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1930, to Feb. 7, 1931, that I last saw him alive on Feb. 7, 1931, and that death occurred, on the date stated above, at 8:10 P. M.

The CAUSE OF DEATH* was as follows:
Malnutrition
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Premature Birth.
(duration) yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Henry Neal Chaney M. D.
Feb 10 1931 (Address) 933 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C C Co
DATE OF BURIAL: 2-9 1931

20 UNDERTAKER: E & B Hart
ADDRESS: 115 E West St.

1-30—M. & T.—100 B—50L

E 65315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 65315

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-21 WARD)

2-FULL NAME Elizabeth Griggs

(a) RESIDENCE No 716 School ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Griggs

6 DATE OF BIRTH (month, day, and year) April 15. 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank R Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hunt Burna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank Hunt
(Address) 716 School St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Bronchio-pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D. Coroner

2/9, 19 31 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/9 19 31

20 UNDERTAKER Thomas E Kelson

ADDRESS 1303 Pressman St

Spec.—9-30—A. & Co.—250 Bks.

E 65316

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED No. E 65316

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 E Preston St. 8-17 WARD)

2. FULL NAME Laura Welsh

(a) RESIDENCE No. 1520 E. Preston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H Welsh

6 DATE OF BIRTH (month, day, and year): August 28 1848

7 AGE: Years 82 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eleanor Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: William H. Welsh
(Address): 1520 E. Preston St.

15 Filed 1931 G. HARRISON JONES, M. D. Registrar

FEB 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 12 1931 to Feb 6 1931 that I last saw h ev alive on Feb 6 1931 and that death occurred, on the date stated above, at 1 50 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Failing Compensation
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J W Moran M. D.

Feb 1931 (Address) 1228 N Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Mount Cemetery — DATE OF BURIAL: Feby 9 1931

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 65317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65317

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 E. Preston St. 11-19 WARD)

2-FULL NAME Helen M. Fisher

(a) RESIDENCE No. 424 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1920

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James L. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Nellie T. Daily

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Nellie T. Fisher
(Address) 424 E. Preston St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1930, to Feb 8, 1931, that I last saw her alive on Feb 8, 1931, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:
Chr Endocarditis

(duration) 6 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Rheumatic Fever

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. McCosker M. D.

2/9, 19 31 (Address) 111 N. Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Feb 10, 31

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Lager St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65318

CERTIFICATE OF DEATH.

131 B 65318

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 96-37

2. FULL NAME Catherine Hemling

(a) RESIDENCE No. 3801 Hudson St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

PARENTS

10 NAME OF FATHER John Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19..., to 2-6-31, 19..., that I last saw her alive on 2-6-31, 19..., and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows:
Heart Disease, Rheumatic
Nephritis, Chronic, with Edema

more than (duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas Glenn Jr M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury, Pa.

DATE OF BURIAL Feb. 10 1931

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St

Spec.—9-30—A. & Co.—250 Bks.

65319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001

E 65319

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 E. 29th St. 9-46 (WARD)

2. FULL NAME John A. Lechthaler

(a) RESIDENCE No. 1724 E. 29th St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda L. Lechthaler

6 DATE OF BIRTH (month, day, and year) April 2-1844

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	86	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 145

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Lechthaler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kloke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Lechthaler
(Address) 1724 E. 29th St.

15 Filed ..... 19..... Registrar

C. HARRISON JONES, M. D.
FEB 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 6, 1931

that I last saw him alive on Feb 6, 1931

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 210 N. Kenwood

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ed. L. Zimmerman M. D.

Feb. 8 1931 (Address) 2858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL Feb 9 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1731 E. Eager st

Spec.—1-30—M. & T.—250 Bks.

E 65320

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 65320

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Elizabeth Ross

(a) RESIDENCE No. Preston + Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Black	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 3rd 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	68	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John B. Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston + Valley

15 Filed ....., 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1931, to 2/8, 1931, that I last saw h..... alive on 2/7, 1931, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) ..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff M. D.

2/9, 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/9 1931

20 UNDERTAKER Daniel Easter

ADDRESS 914 Penna ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 65321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65321

93-003

CERTIFICATE OF DEATH

REGISTERED NO. 27-458

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5802 York Road ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. T. Wilson

(a) RESIDENCE NO. 5802 York Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary K. Wilson

7 DATE OF BIRTH (month, day, and year) Feb. 14, 1855

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	24	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Denton
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan ------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs Mary K. Wilson
(Address) 5802 York Road

15 Filed 1931 C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1922, to Feb. 7, 1931, that I last saw him alive on Feb. 6, 1931, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:
Chron Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Myers, M. D.

Feb. 9, 1931 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 9, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North ave.

Spec.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65322

107-001

E 65322

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 128 S East Ave St. 1-2 Ward)

2-FULL NAME William B. Lee Jr

(a) RESIDENCE NO. 128 S. East Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 18-1929

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER William B. Lee Sr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Winchester Va

12 MAIDEN NAME OF MOTHER Beulah J Lynch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant William B Lee

(Address) 20 N. Kenwood Ave

15 Filed FEB 9 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sat. Feb 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1931, to Feb. 7, 1931, that I last saw him alive on Feb. 6, 1931, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows: Acute Bronchio-Pneumonia

(duration) —yrs. —mos. one dy

CONTRIBUTORY (Secondary)

(duration) —yrs. —mos. —ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Albert Goffe, M. D.

19 (Address) 20 W. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn Cemetery Harford Co

Date of Burial: Feb. 9 1931

20 UNDERTAKER: Henry Fanning & Sons

ADDRESS: Aberdeen Md

Spec.—1-30—M. & T.—250 Bks.

65323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65323

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Women's Hospital ST. 27-46 WARD

2-FULL NAME Mrs. Bessie Lee Bowers

(a) RESIDENCE NO. 704 Beaumont Ave. ST., WARD Fredericksburg

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or WIFE of wife of John W. Bowers

6 DATE OF BIRTH (month, day, and year) June 13, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
46	47	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Maryland

PARENTS

10 NAME OF FATHER Fred Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Md.~~ Maryland.

12 MAIDEN NAME OF MOTHER Susan B. Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant J. H. Bowers, Jr.

(Address) Westminster, Md.

15 Filed Feb 9 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1931 to Feb. 9, 1931, that I last saw her alive on Feb. 9, 1931, and that death occurred, on the date stated above, at 3:20 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Carcinomatosis generalized ~~Primary~~ uterine

(duration) ~~Unknown~~ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank R. Lewis M. D.

, 19 (Address) Homan's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL Feb 14 '31

20 UNDERTAKER F. H. Bankard & Son

ADDRESS Westminster Md

Spec.—9-30—A. & Co.—250 Bks.

E 65324 HEALTH DEPARTMENT—CITY OF BALTIMORE B 25324

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 19-26 23

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD .....)

2 FULL NAME George Smith

(a) RESIDENCE NO. 508 N. Carey st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elnore Smith

6 DATE OF BIRTH (month, day, and year) July 19, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed 9 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 19 30, to Feb. 5, 19 31

that I last saw him alive on Feb. 5, 19 31

and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seiner M. D.

2-5 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Feb. 9, 19 31

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 3222 Schroeder

Spec.—0-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65325

CERTIFICATE OF DEATH.

92-021 65325

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Union Ave ST. 13-5 WARD)

2-FULL NAME Mary G Mullen

(a) RESIDENCE NO. 1228 Union Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James F. Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Martha Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mt Gomeray Co.

14 Informant Mrs Riley
(Address) 1228 Union Ave

15 Filed ....., 19.... Registrar

1931 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6-31

17 I HEREBY CERTIFY, That I attended deceased from Jan., 1921, to Feb 6, 1931

that I last saw her alive on Feb. 5, 1931

and that death occurred, on the date stated above, at 12-10 A m.

The CAUSE OF DEATH* was as follows:

Mitral stenosis & auricular fibrillation.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency.

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

1/9, 1931 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lovans Cemetery

DATE OF BURIAL Feb 7 1931

20 UNDERTAKER A S Marshall

ADDRESS 3539 Fall Road

Spec.—1-30—M. & T.—250 Bks.

E 65326

E 65326

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Milton Ave ST. 8-16 WARD)

2-FULL NAME Joseph L. Gerard

(a) RESIDENCE No. 1708 N. Milton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Etta B. Gerard

6 DATE OF BIRTH (month, day, and year) Feb. 5-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Retired 10 years

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Etta B. Gerard
(Address) 1708 N. Milton Ave

15 Filed ..... 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to July 5, 1931, that I last saw him alive on July 5, 1931, and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Arteriosclerosis
Don't Know
(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) R. G. Davis, M. D.

, 19 (Address) 1509 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb. 10 1931.

20 UNDERTAKER Horace A. Burgee — ADDRESS 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

Cummins

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

E 65327 | E 65327

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3406 Carlisle Ave) (Street) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Margret Mary Cummins

(a) RESIDENCE NO. 3406 Carlisle Ave (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert K. Cummins

DATE OF BIRTH (month, day, and year): May 17, 1845

AGE: Years 85 Months 8 Days 21 20 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): London England

10 NAME OF FATHER: David Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Perth Scotland

12 MAIDEN NAME OF MOTHER: Hannah Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex England

Informant: Josephine McNeal

(Address): 3406 Carlisle Ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Feb. 7, 1931, that I last saw her alive on Feb. 7, 1931 and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Senile Debility

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John T. Crane, M. D.

2/7 1931 (Address) 2140 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb. 10 1931

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Pads

E 65328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 65328

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1719 N Ostend ST. 21-29 (WARD)

2 FULL NAME Milburn D Barker

(a) RESIDENCE No. 1719 N Ostend ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Barker

6 DATE OF BIRTH (month, day and year): Nov 4th 1869

7 AGE: Years 61 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Man Filler

(b) General nature of industry, business, or establishment in which employed (or employer): 060

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm F Barker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Cordelia Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: James F Barker

(Address) 7 Leg. DeLaun Ave

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): February 7 1931

17

I HEREBY CERTIFY, That I attended deceased from 2/7/, 1931, to 2/7/, 1931 that I last saw he alive on 2/7/31 7 50 a.m. and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dorsey M. D.

2/9/31 (Address) 1227 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Park Cem

20 UNDERTAKER: Geo H B Cook

DATE OF BURIAL: Feb 9th 1931

ADDRESS: 1003 N Pratt St

Spec.—9-30—A. & Co.—250 Bks.

E 65329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 VE 65329

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 12-51 WARD)

2 FULL NAME Fannie Payne

(a) RESIDENCE No. 319 W. 28th St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Payne

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 78? Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: .....

9 BIRTHPLACE (city or town): ?
(State or country): Va.

PARENTS
10 NAME OF FATHER: Chas. L. Payne
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Minnie Jackson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 9 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from 1-7-31, 19..., to 2-6-31, 19..., that I last saw her alive on 2-6-31, 19..., and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 19 mos. ..... ds.

CONTRIBUTORY (Secondary) Gangrene, diabetic

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical; laboratory

(Signed) Paul Padget M. D.

2-7-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Feb. 9, 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1729 Ashland Ave

Spec.—9-30—A. & Co.—250 Bks.

Signed Dr Katzenberg

HEALTH DEPARTMENT—CITY OF BALTIMORE

65330 | 65330

CERTIFICATE OF DEATH.

14-28 108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Ramsay ST. (WARD)

2 FULL NAME Laura E. Maehan

(a) RESIDENCE NO. 1710 Ramsay ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver F. Maehan

6 DATE OF BIRTH (month, day, and year) Oct 4, 1857

7 AGE Years 73 Months 4 Days 3 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Jones Dinsmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Elizabeth Woolen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Elizabeth Hurdle
(Address) 1738 Ramsay St

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 7, 1931

that I last saw he alive on Feb 6, 1931

and that death occurred, on the date stated above, at 12:05 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Hemiplegia
(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) James F. Rosenberg M. D.

2/8, 1931 (Address) 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/9 1931

20 UNDERTAKER J. W. Cook

ADDRESS 1217 Lt Pond

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65331

65331

107-001

CERTIFICATE OF DEATH.

REGISTERED No. 713
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1243-N. Bond ST. (WARD)

2. FULL NAME Lucia Isabella

(a) RESIDENCE No. 1243-N. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/12/1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Joseph Isabella
11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)
12 MAIDEN NAME OF MOTHER Josephine Cratos
13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Joseph Isabella
(Address) 1243 N. Bond St.

15 Filed 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to Feb. 7, 1931
that I last saw he alive on Feb. 7, 1931
and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(Primary)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Eugene L. Pesaquo M. D.
2.9. 1931 (Address) 514 Drury

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL 2/9/31

20 UNDERTAKER George E. Rathke — ADDRESS 1733 Hoffman

FEB 9 1931 W. SINAI HOSPITAL HARRISON STREET

1-30—M. & T.—100 B—50L

65332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 ✓ E 65332

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 N. Poppleton ST. 18-26 WARD

2-FULL NAME Alexander Dillard

(a) RESIDENCE NO 307 N. Poppleton ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0 of 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Dillard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Gamer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lewis Dillard
(Address) 307 N. Poppleton St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

3/4, 1931 (Address) 2239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2/9 1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Penna Ave

Spec.—1-30—M. & T.—250 Bks.

65333

HEALTH DEPARTMENT—CITY OF BALTIMORE

65333

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 3-4 WARD)

2-FULL NAME William Obeck.

(a) RESIDENCE NO. 1618 E. Pratt St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Obeck

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Levy
(Address) 1439 Pratt St

15 Filed 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Feb. 8, 1931, that I last saw him alive on Feb 8, 1931, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) ..... yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton B. Clark, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levine Cemetery

DATE OF BURIAL 2-9- 1931

20 UNDERTAKER Isaac Levy, 1439 E. Pratt St

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65334

CERTIFICATE OF DEATH.

E 65334

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Madeira St. 7-12 Ward) 131

2. FULL NAME Frances Soler

(a) RESIDENCE No. 818 N. Madeira St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph E. Soler

6 DATE OF BIRTH (month, day, and year) Feb 22 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS
10 NAME OF FATHER Joseph Soba
11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia
12 MAIDEN NAME OF MOTHER Emily Soba
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Geney Soler
(Address) 818 N. Madeira St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1931

17
I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Feb 8, 1931
that I last saw him alive on Feb 8, 1931
and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no
(Signed) Joseph Pokorny M. D.
19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 11 1930

20 UNDERTAKER Mark Brock & Son — ADDRESS 1906 Gilmor

ATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65335

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 11-15 WARD) 92

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Pohler

(a) RESIDENCE No. 938 Green Mount ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Pohler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jackson Pohler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Howard Pohler

(Address) 938 Greenmount Av

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility. Arteriosclerosis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) J. Clades, M. D. Coroner

, 19 (Address) 143 So Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Feb 10 1931

20 UNDERTAKER Frank Brackson 1906 Lakewood Av

ADDRESS

9 1931 HARRISON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65336

95-002

CERTIFICATE OF DEATH

E 65336

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

23-32

1-PLACE OF DEATH

City of Baltimore: (No. 1627 Hanover St. St., ... Ward)

2-FULL NAME Louis H. Rush.

(a) RESIDENCE NO. 1627 Hanover St. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~WIFE of~~ Catherine Rush.

6 DATE OF BIRTH (month, day, and year) December 5, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

862

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frederick Rush.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth ------

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany.

14 Informant Catherine Rush. (wife)
(Address) 1627 Hanover St.

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

B 9 1931 Par. .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/7/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Feb 10 1931

20 UNDERTAKER	ADDRESS
C. Francis Evans	38 E. Fairmount

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65337 29-001 E 65337

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 4 20 (WARD)

2-FULL NAME George Herbert Hearndon

(a) RESIDENCE No. 1401 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 15, 1930

7 AGE: Years 0 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Kinder

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) So. Carolina

12 MAIDEN NAME OF MOTHER Lula Hearndon

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) No. Carolina

14 Informant Lula Hearndon (Address) 1401 Druid Hill Ave

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 7, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 7 55 A. m.

The CAUSE OF DEATH* was as follows: Cerebrospinal Meningitis (Pneumococcus)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1401 Druid Hill Ave.

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) L. Peter Moranski M. D.

19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS FEB 9 - 1931

Pat. Wm. R. Woodall

Spec.—1-30—M. & T.—250 Bks.

E 65338

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 65338

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. University Parkway ST., 12-49 WARD)

2-FULL NAME Gertrude Irene O'Malley

(a) RESIDENCE No. 326 E. University Parkway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph P. O'Malley

6 DATE OF BIRTH (month, day, and year) July 12th. 1880

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cleaveland Ohio

PARENTS

10 NAME OF FATHER Frank Palardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Louise DeCelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Joseph P. O'Malley
(Address) 326 E. University Parkway.

15 Filed ..... 19 ..... C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19 31 to Feb. 7 19 31.

that I last saw h. alive on Feb 7 19 31

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Infectious)
Chr. Interstitial Nephritis

(duration) ..... yrs. mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Holley M. D.

, 19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery.

DATE OF BURIAL Feb. 10 19 31.

20 UNDERTAKER Chas. T. Crane & Son

ADDRESS 118 W. Mt. Royal Ave.

Spec.—9-30—A. & Co.—250 Bks

E 65339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 65339

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 21-29 ST. WARD)

2. FULL NAME Mary Brown

(a) RESIDENCE No. 801 ~~Cecar St.~~ Orleans St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6 DATE OF BIRTH (month, day, and year): March 12, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Floorwoman

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Md. Waste Paper Co.

9 BIRTHPLACE (city or town) (State or country): Essex Co. Va.

PARENTS

10 NAME OF FATHER: George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Liza Oakley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 1931 19 C. HARRISON JONES, M. D. Registrar

5162

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-7-31

17 I HEREBY CERTIFY, That I attended deceased from 1-24-31 19 to 2-7-31 19

that I last saw him alive on 2-7-31 19

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-9 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

FEB 9 - 1931

Spec.—9-30—A. & Co.—250 Bks

E 65340

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-02-65340

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 23-21

2. FULL NAME Clementine Paul

(a) RESIDENCE NO. 925 S. Hanover ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) Dorchester Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Levian ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from 11-8-30, 19..., to 2-5-31, 19...

That I last saw her alive on 2-5-31, 19...

and that death occurred, on the date stated above, at 1:35 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral
Senile dementia
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-6. 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 REMOVAL Burial Cremation Vault Entombment DATE OF BURIAL FEB 9 - 1931

20 UNDERTAKER ~~Commissioner Health~~ Wm. Cook ADDRESS 517 N. Paul ave

JOHNS HOPKINS HOSPITAL

Spec.—8-16-29—L. F. S.—100 Bks.

E 65341

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 65341

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N Charles ST. 17-49 WARD)

2—FULL NAME Georgie M. Fowler

(a) RESIDENCE NO. 3333 N Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Late John H Fowler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years: about 86 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Morris

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore Md

14 Informant Hugh Gelston
(Address) 2 Sofer Rd Towson

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
9 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1923, to Feb 7, 1931, that I last saw her alive on Feb 7, 1931 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Peter Hebbert, M. D.

2/9 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Feb 10 1931

20 UNDERTAKER: Henry Werner & Co

ADDRESS: Eutaw & Madison

Spec.—1-30—M. & T.—250 Bks.

E 65342

E 65342

EDUARDA

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

24

REGISTERED NO. 227-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial ST., WARD

2-FULL NAME Eduardo Gamble Boehm Jr

(a) RESIDENCE NO. 5905 Wilday Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles F. Boehm

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Edwards Gamble

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Charles F. Boehm
(Address) 5905 Wilday Ave

15 Filed Feb 9 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931, to Feb 9, 1931, that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Respiratory paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? The bacilli in spinal fluid

(Signed) Jesse S. Fifer M. D.

(Address) Union Memorial Hosp. Feb 9 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thomas Garrison Forrest

DATE OF BURIAL Feb 10th 1931

20 UNDERTAKER Harry G. Jenkins Sons Co

ADDRESS McCulloh & Orchard sts.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65343

CERTIFICATE OF DEATH

126 E 65343

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clementine Hurley.

(a) RESIDENCE NO. Street, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. — mos. 19 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. J. Hurley.

6 DATE OF BIRTH (month, day, and year) June 20, 1866

7 AGE Years 64 Months 7 Days 20 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Johnson Co., Tenn.

(State or country)

PARENTS

10 NAME OF FATHER Washington Madon

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Ella Arnold.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Tenn.

14 Informant Hospital Records.

(Address)

15 Filed 19 Registrar C. HAMPSON JONES, M. D.

9 1931 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Feb. 9, 1931, that I last saw he alive on Feb. 9, 1931, and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

Cholelithiasis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Street, Md.

Did an operation precede death? Yes Date of 1/22/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Conrad Chesnut, M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Co. Forest Hill Cem.

Date of Burial 2-10 1931

20 UNDERTAKER Herbert S. Bailey (Darlington Md.)

ADDRESS

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65344

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1114 E. Lexington ST. 5-8 WARD)

2-FULL NAME Mary E. Goldsborough

(a) RESIDENCE NO. 1114 E. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Goldsborough

6 DATE OF BIRTH (month, day, and year) Aug 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

9 BIRTHPLACE (city or town) Harford Co
(State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Alverta Goldsborough daughter
(Address) 1114 E. Lexington St. Balto. Md.

15 Filed 1931, 19 Feb 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931 to Feb 6, 1931, that I last saw h alive on Feb 6, 1931, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Lungs

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Feb. 19 31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cemetery

DATE OF BURIAL 2/13/1931

20 UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1421 Jefferson St

C. HAMPSON JONES, M.

Spec.—1-30—M. & T.—250 Bks

Rochamk. Kenwood ave

E 65345

E 65345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-001

27-43

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5925 Bertram ave ST. ..... WARD .....

2-FULL NAME Bernard J. Dobry

(a) RESIDENCE No. 5925 Bertram ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Dobry

6 DATE OF BIRTH (month, day, and year) Sept 22 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Morgan Mill Works

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Joseph T. Dobry

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Mary Dvorak

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

14 Informant Mary Dobry
(Address) 5925 Bertram ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-31

17 I HEREBY CERTIFY, That I attended deceased from 2-6-31 19..., to 2-7-31, 19..., that I last saw him alive on 2-7-31, 19..., and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows: Auricular Fibrillation

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hullarus M. D.

2-9-1931 (Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 10 1931

20 UNDERTAKER Frank V. Pepitone

ADDRESS 2818 E. Baltimore st

C. HAMPSON JONES, M.D.

Spec.—1-30—M. & T.—250 Bks. Woodlawn Tues 2 2 dx

E 65346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65346

CERTIFICATE OF DEATH.

108

REGISTERED NO. 15-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St Joseph's Hospital ST., WARD)

2-FULL NAME Mrs. Palma Artigiani

(a) RESIDENCE NO. 3749 Norfolk Rd. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Pozzareno Artigiani

6 DATE OF BIRTH (month, day, and year) April 15 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Fabri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Fabri

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Prima Zocchi
(Address) 1907 32 ave

15 Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19..., to 2-7-31, 19...,

that I last saw her alive on 2-7-31, 19...,

and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs.

(Signed) Lawrence M. Sears, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 10 1931

20 UNDERTAKER Frank V. Petitto

ADDRESS 2818 E. Pratt st

Spec.—9-30—A. & Co.—250 Bks.

65347 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-065347

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2234 - E. North Ave. ST. 8-16 WARD)

2 FULL NAME Mary A. O'Farrell

(a) RESIDENCE No. 2234 - E. North Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James F. O'Farrell

6 DATE OF BIRTH (month, day, and year) 2-6-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. F. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret O'Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Annie Wise
(Address) 2-34-E North Ave.

15 Filed 1931, 19 ..... C. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1931, to Feb. 6, 1931 that I last saw her alive on Feb. 6, 1931 and that death occurred, on the date stated above, at 8 50 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. W. Kausey M. D.

19 (Address) 1812 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. — DATE OF BURIAL 2/10/31

20 UNDERTAKER Geo. J. Reilly Inc. — ADDRESS 1135 Hoff St.

Spec.—1-30—M. & T.—250 Bks

E 65348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65348

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (NO. North Broadway ST. 7-11 WARD)

2-FULL NAME Mrs Dora Collison

(a) RESIDENCE NO. 2905 McElderry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J Collison

6 DATE OF BIRTH (month, day, and year) Sept 1. 1877

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge Md.
(State or country)

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant W. J. Collison
(Address) 2905 McElderry

15 Filed ..... 19 ..... Registrar

1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 9, 1931, that I last saw her alive on Feb 9, 1931, and that death occurred, on the date stated above, at 2 30/9 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Post-apoplectic Shock.
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb. 7, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James T Geraty, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lawn Cem

20 UNDERTAKER John Allen

DATE OF BURIAL Feby 11 1931

ADDRESS 2108 Orleans

Spec.—I-30—M. & T.—250 Bks.

E 65349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65349

CERTIFICATE OF DEATH.

X 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 9th (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blair Luffy

(a) RESIDENCE No. 6752 Woodley Rd. ST., Dundalk WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 2 - 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Frank Luffy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ella M Wearn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Frank Luffy
(Address) 6752 Woodley Rd

15 Filed 9 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-31

17 I HEREBY CERTIFY, That I attended deceased from 2-1-31, 19..., to 2-9-31, 19..., that I last saw him alive on 2-9-31, 19..., and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Lawrence H. Serra, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Kensington Pa

DATE OF BURIAL Feby 10 1931

20 UNDERTAKER John Welsh

ADDRESS 2108 Orleans

Coroner Harrison Roland ave Univ 1644

1-30—M. & T.—100 B—50L

E 65350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0942 65350

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 421 Whitridge Ave ST. 12-50 WARD)

2-FULL NAME John K. Shaue

(a) RESIDENCE NO. 421 Whitridge Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Alice P. Shaue

6. DATE OF BIRTH (month, day, and year) March 7th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Pool
(c) Name of employer: Black & Decker

9 BIRTHPLACE (city or town) (State or country): Harford, Md.

PARENTS
10 NAME OF FATHER: Henry Shaue
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Caroline January
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Gertrude E Neal
(Address) 301 Lansdown Ave

15 Filed 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) John Thomson, Coroner, M. D.
2/7, 1931 (Address) 2132 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery
DATE OF BURIAL: 2/10/1931

20 UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks

65351 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 23 L 65351

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 16-68 ST. WARD

CITY OF BALTIMORE: (NO .....

2 FULL NAME Rose Gray

(a) RESIDENCE NO. 715 Poplar Grove st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Gray

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Emrine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1931, to Feb. 9, 1931 that I last saw her alive on Feb. 9, 1931 and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seiner M. D.

2-9, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—1-30—M. & T.—250 Bks.

E 65352 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65352

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. 36

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. No. WARD)

2-FULL NAME Norma Grace Walley

(a) RESIDENCE NO. Colgate Creek, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nutley N.J.

PARENTS

10 NAME OF FATHER Charles E Walley

11 BIRTHPLACE OF FATHER (city or town) (State or country) East Prov. R.I.

12 MAIDEN NAME OF MOTHER Minnie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Belleville N.J.

14 Informant Mr Charles E Walley (Address) Colgate Creek Md

15 Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 8, 1931, that I last saw he alive on Feb 8, 1931, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Otitis Media, bilateral

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical observation

(Signed) W. H. Varney, M.D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Belleville N.J. DATE OF BURIAL Feb 10 1931

20 UNDERTAKER John F Denny ADDRESS 715 Light St

Spec.—7-17-26—A Co.—200 Bks.

E 65353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-E 65353

REGISTERED NO. 25-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General St. Ward)

2-FULL NAME Mrs. Margaret Fowler

(a) RESIDENCE NO. 3705 Sixth St. St. Brooklyn Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed ~~Married~~

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Marvin Fowler.

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE 67 Years 66 Months — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John McGonigle.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Radford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant (Address) Hospital Records.

15 Filed 1931 C. HAMPSON JONES, M. D. 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931, to Feb. 9, 1931, that I last saw he alive on Feb. 9, 1931, and that death occurred, on the date stated above, at 12:25 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 3705 Sixth St.

Did an operation precede death? Yes. Date of 2/4/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinic Findings.

(Signed) John V. Armiger, M. D.

(Address) Gen. Hosp.

, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation

Date of Burial 2/12 1931

20 UNDERTAKER J. F. Carey Sons

ADDRESS 131 8th St.

very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

F. W. Keown Mad 0094
1938 Linden Ave

65354 HEALTH DEPARTMENT—CITY OF BALTIMORE 65354

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Linden Ave ST. 14-70 WARD)

2. FULL NAME Edward Whiting

(a) RESIDENCE NO. 1830 Linden Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of (~~or WIFE of~~) Della C. Lucas

6 DATE OF BIRTH (month, day, and year) May 1st 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Contracting-Builder

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) South America

12 MAIDEN NAME OF MOTHER Mary Wallack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Della C. Whiting
(Address) 1830 Linden Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from September 20, 1930, to Feb. 8th, 1931, that I last saw him alive on Feb. 6th, 1931, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
General Arterio-sclerosis
(Duration) several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(Duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) F. W. Keown M. D.

2/9/1931 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 2/11/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

C. HARRISON JONES, M.

Spec.—9-30—A. & Co.—250 Bks.

65355 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65356

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 629 N Calvert St. 11-7 WARD)

2. FULL NAME Robert Schultz

(a) RESIDENCE NO. 629 N Calvert ST. WARD _____ (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sophia B. Schultz

6. DATE OF BIRTH (month, day, and year) Aug 23rd 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER Robert Schultz

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Mary Schultz

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant Mrs Marie Wallard (Address) 629 N Calvert

15. Filed _____, 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931 to Feb 7, 1931 that I last saw him alive on Feb 6, 1931 and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows: Paralysis Pneumonia Old Age

over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Home

Did an operation precede death? Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Anna L. Kelly M. D.

, 1931 (Address) 618 N Calvert.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 2/10 1931

20. UNDERTAKER Tom Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

Dr Sachs 3921 Edmondson Ave Lwood 0240

65356 HEALTH DEPARTMENT—CITY OF BALTIMORE 65356

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Grantley and Mulberry ST. 70-70 WARD

2. FULL NAME Sophia E. Lulie

(a) RESIDENCE NO. Grantley and Mulberry ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~husband of~~ (or) WIFE of William Lulie

6 DATE OF BIRTH (month, day, and year) June 13th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Philip Otter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Lulie
(Address) Grantley & Mulberry Sts

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1931

17 I HEREBY CERTIFY. That I attended deceased from Feb 6th, 1931, to Feb 7th, 1931, that I last saw her alive on Feb 7th, 1931, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. R. Lucas M. D.

2/9, 1931 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL 2/11/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr Dalewitt 2800 Garrison Blvd Liberty 6825

HEALTH DEPARTMENT—CITY OF BALTIMORE

65357 65357

CERTIFICATE OF DEATH.

REGISTERED NO. 11-221

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 921 N. Fulton Ave ST. 6-22 WARD

2 FULL NAME Mary E. Smith

(a) RESIDENCE NO. 921 N. Fulton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William T. Smith

6 DATE OF BIRTH (month, day and year) Apr 25th 1877

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
53	8 9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) West Va.

PARENTS

10 NAME OF FATHER Miles Kamary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rena Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Wm Smith
(Address) 921 N. Fulton Ave

15 Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 7, 1931 that I last saw h alive on Feb 7, 1931 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe 12 days
Lobar Pneumonia 6 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Presumptive Sts

(Signed) J M Dewitt M. D.

Feb 9 1931 (Address) 62 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 2/11/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

Spec.—9-30—A. & Co.—250 Bks.

65358 HEALTH DEPARTMENT—CITY OF BALTIMORE 65358

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 W. Franklin, ST. 20-70 WARD)

2 FULL NAME Gerardine M. Cox

(a) RESIDENCE NO. 3505 W. Franklin, ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Cox

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
28			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William H. Pease

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Early

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Clarence Cox
(Address) 3505 W. Franklin, st.

15 Filed ....., 19 .....

C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1931, to Feb 7th, 1931 that I last saw her alive on Feb 7th, 1931 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza followed by
Ac lobar pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) H. P. Pease M. D.

2/9 1931 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 2/11 1931

20 UNDERTAKER Frank A. Cole — ADDRESS Downtown

Registrar

Spec.—1-30—M. & T.—250 Bks.

E 65359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65359

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST., 9-18 WARD)

2-FULL NAME Frank Hessler

(a) RESIDENCE No. 1328 Wirton ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alvira V. Hessler

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank A. Hessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Elizabeth Grasser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Frank A. Hessler
(Address) 1328 Wirton, st.

15 Filed 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY That I attended deceased from 12-30-30 19 ... to 2-9-31, 19 ....,

that I last saw him alive on 2-9-31, 19 ....,

and that death occurred on the date stated above, at 5:10 a. m.

The CAUSE OF DEATH* was as follows

Myocardial Degeneration

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Lawrence W. Salva, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 2/12 19 31

20 UNDERTAKER Fredk A. Cole

ADDRESS 1200 W Lombard St.

C. HARPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

65360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 115 E 65360
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-7 WARD)

2. FULL NAME Billy West Shield

(a) RESIDENCE NO. Onancock, Va. ST. ..... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? 4 yrs. 11 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-26-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Onancock (State or country) Virginia

PARENTS

10 NAME OF FATHER Franklin R. Shield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Records (Address)

15 Filed ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY That I attended deceased from Jan 28, 1931 to Feb 9, 1931 that I last saw him alive on Feb 9, 1931 and that death occurred on the date stated above, at 11.40 a.m. The CAUSE OF DEATH* was as follows:

Acute Endocarditis and Myocarditis

(duration) yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Tonsillitis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Onancock, Va.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. Lyons M. D.

2/9, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Onacock Virginia

DATE OF BURIAL 2/10 1931

20 UNDERTAKER W. B. Cook

ADDRESS Onancock

FEB 1931 HAYWOOD JONES, M. D.

Spec.—0 30—A. & Co.—250 Bks.

Dr Mech 936 Monument St JEA 5742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65361

54-004

CERTIFICATE OF DEATH

E 65361

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Greenmount Ave) (Ward) 49-50

2. FULL NAME Velma M. Pfister

(a) RESIDENCE No. 2710 Greenmount Ave WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 23rd 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	5	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Scholar
(b) General nature of industry, business, or establishment in which employed (or employer) Public
(c) Name of employer School

9. BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10. NAME OF FATHER Andrew E. Pfister
11. BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co Md
12. MAIDEN NAME OF MOTHER Rosa A. Young
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14. Informant Rosa A. Young
(Address) 2710 Greenmount Ave

15. Filed Feb 10 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 8th 1931

17. I HEREBY CERTIFY, That I attended deceased from June 19 1928 to Feb 8 1931 that I last saw he alive on Feb 1 1931 and that death occurred, to the date stated above, at ... m.

The CAUSE OF DEATH was as follows:

Brain Tumor (Benign)

(duration) 3½ yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) 3 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Field M. D.

19/31 (Address) 936 Monument St

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 2/11/1931

20. UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

Fee

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 65362

CERTIFICATE OF DEATH

E 65362

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5711 Maple Ave St. 27-55 WARD)

2-FULL NAME Mary E. Jones

(a) RESIDENCE No. 5711 Maple Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Jones

6 DATE OF BIRTH (month, day, and year) 2/27, 1876

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55		10	
	56	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) House Wife

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Wm Mitter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant John M. Jones
(Address) 5711 Maple Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1931

17 I HEREBY CERTIFY That I attended deceased from Jan 17 1931 to Feb 7 1931, that I last saw him alive on Feb 7 1931, and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows

Uremic Coma (duration) yrs. mos 4 or 5 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Suppression of urine & coma

(Signed) Thos. H. Phillips, M. D.

19 (Address) 1906 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herford Baptist Cemetery Md. DATE OF BURIAL Feb 10 1931

20 UNDERTAKER John M Ritz ADDRESS 406 N Eutaw

FEB 1931 C. HARRY JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

E 65363

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65363

CERTIFICATE OF DEATH

REGISTERED NO. 70-69

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2105 W Pratt ST., WARD)

2—FULL NAME Annie Lichenstein

(a) RESIDENCE NO. 2105 W Pratt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late Harry

7 DATE OF BIRTH (month, day, and year) Feb 26 1870

8 AGE 60 Years 61 Months 11 Days 13 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ike Siegel
(Address) 2105 W Pratt St

15 Filed ..., 19... C. HOLTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 9, 1931 that I last saw her alive on Feb 8, 1931 and that death occurred, on the date stated above, at 9:a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly, M. D.

2/9, 1931 (Address) 2027 W Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 2/10 1931

ADDRESS 1127 E Belto St

20 UNDERTAKER Sol Lerner & Bro

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65364

11-001

E 65364

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Wallas ST. 6-4 WARD)

2-FULL NAME Howard Collins

(a) RESIDENCE No. 125 N. ~~Dodard~~ Wallas ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) May 16 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hunter

(b) General nature of industry, business, or establishment in which employed (or employer) O.K.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Howard Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Hitchens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Collins
(Address) 125 N. Wallas St.

15 Filed FEB 10 1931 19 BAYARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 7, 1931, that I last saw h. alive on Feb 6, 1931, and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2-10, 1931 (Address) 208 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County

DATE OF BURIAL 2/10 1931

20 UNDERTAKER Byron Wright

ADDRESS 518 McElderry

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65365

E 65365

CERTIFICATE OF DEATH

REGISTERED NO. 13-52

1—PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th & Keswick Rd ST., ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Ida E. Marshall

(a) RESIDENCE NO. Home for Incurables ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed - Richard Marshall

6 DATE OF BIRTH (month, day, and year) Mar. 24-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	11 10	16 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Webb -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md -

12 MAIDEN NAME OF MOTHER Ann Prelau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Hospital Records

(Address) 40th + Keswick Rd.

15 Filed 19 Reg. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Feb. 8, 1931, that I last saw her alive on Feb 7/31, 19 and that death occurred, on the date stated above, at 12.30 am

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis ?

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. L. Leitch, M. D.

19 (Address) Burlow

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb 10 1931

20 UNDERTAKER Wm J. Tickner & Son

ADDRESS N & Pa

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

B 65366

REGISTERED NO. B 65366

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 442 W Biddle St. 11-27 Ward)

2-FULL NAME Ernest Foster

(a) RESIDENCE No. 442 W Biddle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie

6 DATE OF BIRTH (month, day and year): 1878

7 AGE: Years 32 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Wm Foster

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Sallie Foster

(Address): 442 W. Biddle

15 Filed 1931 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulus

(Signed) H. E. Leigh, M. D.

Feb 7 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb 10 1931

20 UNDERTAKER: Jesse H. Redden

ADDRESS 436 W. Biddle

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65367

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 N. Stricker ST. 5-21 WARD

2-FULL NAME Thos Conway

(a) RESIDENCE No. 1524 N Stricker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE Years 51 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Raymond Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Denis Conway
(Address) 1524 N Stricker

15 Filed ..... 19 ..... Registrar

10 1931 C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 19..., to Feb 9, 19 31.
that I last saw him alive on Feb 9, 19 36
and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sign & Sx

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 11 1931

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1462 N. Carey St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65368

107-001

E 65368

CERTIFICATE OF DEATH

REGISTERED NO. 1

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 913 E. Kenwood Ave. ST. WARD)

2—FULL NAME Kazimierz Lucyglowski

(a) RESIDENCE NO. 913 E. Kenwood Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yr. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18-28

7 AGE: Years 2 Months 1 Days 9 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Vincent Lucyglowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER L. Paszkiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Vincent Lucyglowski

(Address) 913 E Kenwood Ave

15 Filed FEB 10 1931 19 PUC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1931, to Feb. 9, 1931, that I last saw h alive on Feb. 9, 1931 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows: Bronchial pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kiwerosó, M. D.

19 (Address) 5549 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Feb 10 1931

20 UNDERTAKER T. W. Obazewski ADDRESS 1930 Eastern

FEB 10 1931

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 65369

CERTIFICATE OF DEATH

E 65369

REGISTERED NO. 13

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 813 S. Monford Ave ST., WARD)

2—FULL NAME Antoni Mnielczarek

(a) RESIDENCE NO. 813 S. Monford Ave. ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE: Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Mnielczarek
(Address) 813 Monford Ave

15 Filed , 19 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Feb. 9, 1931, that I last saw him alive on Feb. 7, 1931, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Aortitis and cardiac hypertrophy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? physical findings

(Signed) Nathan H. Shpritz, M. D.

, 19 (Address) 2318 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Feb 11 1931

DATE OF BURIAL

20 UNDERTAKER F W Ozazewski 1930 Eastern Ave

ADDRESS

Form — 6-9-13 — H. P. C. — 1000 Bks.

E 65370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-062

E 65370

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 413 S. Bentalou St. WARD 10-67

2-FULL NAME Anna Fleck

(a) RESIDENCE. No. 413 S. Bentalou St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Fleck

6 DATE OF BIRTH (month, day, and year) Oct. 24-1863

7 AGE Years 67 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Hungerder Helmrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles L. Fleck
(Address) 413 S. Bentalou St.

15 Filed FEB 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1931, to Feb 8, 1931, that I last saw h alive on Feb 8, 1931, and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical

(Signed) Norwood Kelly, M. D.

Feb. 9, 1931 (Address) 1027 Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 11 1931

20 UNDERTAKER George L. Schmidt ADDRESS 1101 Eutaw

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

E 65371

E 65371

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 E. Jefferson ST. 6-10 WARD)

2-FULL NAME Henry C. W. Kumlehn

(a) RESIDENCE NO. 2725 E. Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18/46

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	84	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Baker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ger.

PARENTS
10 NAME OF FATHER Wm C. Kumlehn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Wm C. Kumlehn
(Address) 2725 E. Jefferson.

15 Filed ..... C. 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/31

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Feb 8, 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

General Senile Cardio-Vascular Deg.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Debility
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank A. Bruder, M. D.

, 19 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 2/10 1931

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65372

CERTIFICATE OF DEATH.

92-02 E 65372

9-46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Orleans St. WARD) 9-46

2 FULL NAME Mary J. Ruhl

(a) RESIDENCE NO. 1645 E. 25th st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of the late Henry Ruhl

6 DATE OF BIRTH (month, day, and year) May 18/48

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	9 8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ger.

PARENTS
10 NAME OF FATHER: Melchior Weller
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.
12 MAIDEN NAME OF MOTHER: Eliza. —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Mamie Ruhl
(Address): 30 E Orleans st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/31

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to Feb. 8, 1931, that I last saw her alive on Feb 8, 1931, and that death occurred, on the date stated above, at 6 35 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John D. Teele M. D.

2/9, 1931 (Address) 936 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem.

DATE OF BURIAL 2/11 1931

20 UNDERTAKER: Philip Herring

ADDRESS ado Orleans

Spec.—1-30—M. & T.—250 Bks

65373

HEALTH DEPARTMENT—CITY OF BALTIMORE

149-002

E 65373

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Ashland Ave ST., 7-12 WARD)

2-FULL NAME Lillie M. E. Dennis

(a) RESIDENCE No. 2638 Ashland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Dennis

6 DATE OF BIRTH (month, day, and year) Mar 23/1898

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Ochse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Barbara Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Herbert Dennis
(Address) 2638 Ashland Ave

15 Filed FEB 10 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 8, 1931, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4 35 A m.

The CAUSE OF DEATH* was as follows: influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Confinement

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

2/10/ 1931 (Address) 2907 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk

DATE OF BURIAL Feb 11 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2006 Orleans St

1-30—M. & T.—100 B—50L

E 65374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 E 65374

REGISTERED NO. 15521

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute St. Joseph Hospital ST., WARD)

2-FULL NAME John Wright

(a) RESIDENCE NO 1613 Pressbury ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Wright

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Viola Wright (Daughter)
(Address) 1613 Pressbury St

15 Filed FEB 10 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Kruse, M. D. Coroner

Feb 9/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/10/19 31

20 UNDERTAKER Mrs. Geo. H. Kellard

ADDRESS 1631 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks.

E 65375

E 65375

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. D-14 WARD)

2-FULL NAME Catherine Cavanaugh

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Thomas J Cavanaugh.

6 DATE OF BIRTH (month, day, and year) Feb 5th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb: 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1931, to 2/9, 1931, that I last saw her alive on 2/8, 1931, and that death occurred, on the date stated above, at 5.2 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Bernard West, M. D.

2/9, 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 2/12/1931

20 UNDERTAKER John Howard Son ADDRESS 901 Hollins

CHARLES C. HARRISON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 65376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65376

160-002

CERTIFICATE OF DEATH.

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (NO. ST. WARD)

2-FULL NAME Baby Girl Mann

(a) RESIDENCE NO. 2505 Linden Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1931

7 AGE: Years — Months — Days — If LESS than 1 day 13 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Reba Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Dr. J. Lipskey

(Address)

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

Feb 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931 to Feb 9, 1931, that I last saw her alive on Feb 9, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows: Intracranial Hemorrhage at time of birth.

(duration) — yrs. — mos. 0 ds.

CONTRIBUTORY (Secondary) Breech presentation (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) W W Gray, M. D.

19 (Address) 1014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henrietta Friendship Cemetery

DATE OF BURIAL 2-10- 1931

20 UNDERTAKER Jas Lewis

ADDRESS 1439 E Biddle St.

Spec.—1-12-23—M&T—500 Bks.

E 65377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65377

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Harlem Ave ST. 6-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Henry Howard

(a) RESIDENCE No. 1514 Harlem Ave ST. ..... WARD .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 5 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	23	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Dining Car

(c) Name of employer: B & O. R.R.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: David Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Adelia R. Burch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: David L. Howard
(Address) 1514 Harlem Ave

15 Filed ..... 19 ..... Registrar

B 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1931 to Feb 4 1931, that I last saw him alive on Feb 4 1931, and that death occurred, on the date stated above, at 8:25 a m.

The CAUSE OF DEATH* was as follows: Chr. Pul. T. B.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Walter D. Leffler M. D.

2/10 1931 (Address) 1522 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Farmans A A Co Md

DATE OF BURIAL: 2/10 1931

20 UNDERTAKER: Saml T Hundley

ADDRESS: 578 N. Biddle

Spec.—1-30—M. & T.—250 Bks

E 65378

E 65378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-55 WARD)

2-FULL NAME Arthur Dorsey

(a) RESIDENCE NO. 5204 Denmore Avenue ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Dorsey

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Oliver Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Comfort Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Filed FEB 10 1931, 19 .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7/31

17 I HEREBY CERTIFY, That I attended deceased from February 3 1931, to February 7, 1931, that I last saw him alive on February 7, 1931, and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Arteriosclerotic nephritis
Hypertension Cardiac renal failure (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia + Cardiac failure (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? P.M.

(Signed) John W. Parson, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Tilloa Balto Co Md — DATE OF BURIAL 2/10 1931

20 UNDERTAKER Saml B Hinckley — ADDRESS 578 N Eutaw

Spec.—9-30—A. & Co.—250 Bks

5379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65379

95-002

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division St. 18-23 WARD)

2. FULL NAME Martha Gross

(a) RESIDENCE No. 1011 W. Lanvale ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David H. Gross

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Viola Cook
(Address) 1011 W. Lanvale

15 DATE 8 10 1931 C. HAMPSON JONES, M. D. Registrar By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/31

17 I HEREBY CERTIFY. That I attended deceased from Oct. 2, 1930, to Oct. 7, 1931 that I last saw her alive on Oct. 7, 1931 and that death occurred, on the date stated above, at 6 56 P. m.

The CAUSE OF DEATH* was as follows: Chronic Cardio Renal Disease.

(duration) Unknown.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald M. D.

2/8. 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/10 1931

20 UNDERTAKER Samuel Kennedy

ADDRESS 578 W. Biddle

Spec.—1-30—M. & T.—250 Bks.

E 65380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65380

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Pius Hospital ST. 15-61 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selma Wolf

(a) RESIDENCE NO. 3303 Piedmont Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mark C. Wolf

6 DATE OF BIRTH (month, day, and year) Jan 22/1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	0	17/18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Jacob Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond - Va

12 MAIDEN NAME OF MOTHER Bertha Clausner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond - Va

14 Informant Julius Schwartz

(Address) 2501 Brookfield Ave

15 Filed FEB 10 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 9, 1931, that I last saw he alive on Feb 9, 1931, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Pneumococcus Type III

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Leukemia (Pneumo (1)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? culture

(Signed) M B Kirsh, M. D.

, 19 (Address) Lucas H 10

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Mt Friendship

DATE OF BURIAL Feb 1931

20 UNDERTAKER J Amos Co

ADDRESS 2432 Reisterstown Rd

Spec.—1-30—M. & T.—250 Bks

E 65381 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65381

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Frank Evans

(a) RESIDENCE NO. 718 Penn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Fern Evans

6 DATE OF BIRTH (month, day, and year) Oct 1, 1892

7 AGE 38	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39		2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Arlington N.J.

PARENTS

10 NAME OF FATHER Fern Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Friends (Address) Baltimore City Hosp.

15 Filed FEB 10 1931 C. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-31

17 I HEREBY CERTIFY, That I attended deceased from 2-6-, 1931, to 2-8, 1931, that I last saw him alive on 2-8-, 1931, and that death occurred, on the date stated above, at 2 30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Emphysema Mitral

(duration) ..... yrs. 1½ mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-7-31

Was there an autopsy? no

What test confirmed diagnosis? X ray. Operation.

(Signed) Fred M. Oakwood, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-10 1931

20 UNDERTAKER Leonard Carter

ADDRESS 916 Pacific

Spec.—1-30—M. & T.—250 Bks.

65382 E 65382

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 17-26 WARD)

2-FULL NAME Alice Robinson

(a) RESIDENCE No. 704 Josephine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of / or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE Years 36 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Charles Robinson
(Address) 704 Josephine St

15 Filed 10 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1931, to Feb 9, 1931, that I last saw her alive on Feb 9, 1931, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension Heart disease

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical observation

(Signed) Wylie M. Fair, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Sem

DATE OF BURIAL 2-10 1931

20 UNDERTAKER Daniel Carlos

ADDRESS 716 Pa

S. HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 65383

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 65383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 26-32 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Pippins

(a) RESIDENCE No. none ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73 72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook and laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 0 2

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George Johnson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Rumsey
(Address) Baltimore City Hosp.

15 Filed ....., 19 ..... Registrar

C. HARRISON JONES, M. D.

FEB 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-31

17 I HEREBY CERTIFY, That I attended deceased from 4-2-28, 19..., to 2-5-31, 19..., that I last saw her alive on 2-5-31, 19..., and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.

Chronic myocarditis.

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Dunkenwalt, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2-10, 19 31

20 UNDERTAKER Dan'l Easton

ADDRESS 516 Pa ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-001

E 65384

CERTIFICATE OF DEATH.

E 65384

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 E. 41st St., 49-47 WARD)

2-FULL NAME Mary A. McKenna

(a) RESIDENCE NO. 900 E. 41st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? Syr. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of John McKenna

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. John A. Fritz
(Address) 900 E. 41st St.

15 Filed FEB 10 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Feb 10, 1931, that I last saw her alive on Feb 9, 1931, and that death occurred, on the date stated above, at 5:10 A. m.

The CAUSE OF DEATH* was as follows: Acute Suppurative Cerebro-Spinal Meningitis (Streptococcus)

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Suppurative Otitis Media, left, (duration) ..... yrs. ..... mos. 25 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? yes — autopsy

(Signed) Wm. R. Geraghty, M. D.

2/10, 1931 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL February 12 1931

20 UNDERTAKER Henry Hoeck Sons Inc

ADDRESS 1301 E Eager St

Spec.—1-30—M. & T.—250 Bks.

E 65385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65385

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. (WARD) 6-46)

2-FULL NAME Earl x Desfreaux

(a) RESIDENCE No. 3102 Fyndale Ave ST.; ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12 1914

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16 yrs.	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attended School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George Desfreaux

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Sadie Wagner

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mr. George Desfreaux
(Address) 3102 Fyndale Ave, Arcadia

15 Filed ..... 19 ..... Registrar

FEB 1931 ROBERT J. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 19 31, to Feb. 8, 19 31, that I last saw him alive on Feb. 8, 19 31, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Emphysema
(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George Yeager M. D.

, 19 (Address) University Hospital Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL February 11 19 31

20 UNDERTAKER Harvey Hoech & Sons Inc.

ADDRESS 1301 E Eager St

Spec.—1-30—M. & T.—250 Bks.

E 65386

E 65386 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-21 WARD)

2-FULL NAME Margaret G. Renner

(a) RESIDENCE No. 1817 N. Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
or) WIFE of George H. Renner

6 DATE OF BIRTH (month, day, and year) March 17 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Anthony Schlang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not K

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not K

14 Informant Mrs. T. Joseph Stockman
(Address) 3916 Shirley Ave

15 Filed FEB 11 1931, 19.. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 19 31, to Feb 8, 19 31, that I last saw her alive on Feb 8, 19 31, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

2/7, 19 31 (Signed) J. G. Lynn L. M. D.
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Hampden — DATE OF BURIAL Feb. 11 1931

20 UNDERTAKER Henry Hook Sons Inc — ADDRESS 1301 E Eager St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65387

REGISTERED NO. 181 E 65387

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 4-7 Ward)

2-FULL NAME Ostin Campbell.(C)

(a) RESIDENCE NO. Northumberland Co. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 14.1901

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	29	7	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oiler on Tug Baldrock.
(b) General nature of industry, business, or establishment in which employed (or employer) Co
(c) Name of employer

9 BIRTHPLACE (city or town) Northumberland Co. Va.
(State or country)

PARENTS

10 NAME OF FATHER Willian Campbell.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sarah Nickens.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Sarah Campbell.(C) mother.
(Address) Northumberland Co.Va.

15 Filed FEB 10 1931 H. H. C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9,1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.
3rd.degree burns about the body due to explosion on Tug. Baldrock.
Accidental Death.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Key Highway Jany. 31, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Leinhardt M. D.

2/9/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Stone Va

DATE OF BURIAL Feb 10 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St.

important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

Jacob Lang ✓ E 65388

E 65388

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (NO. 1521 ST. ..... WARD)

2-FULL NAME Jacob Lang

(a) RESIDENCE NO. 191 Mt Regnane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie Lang

6 DATE OF BIRTH (month, day, and year) 11-20-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Germany

PARENTS

10 NAME OF FATHER Philip Lang

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Germany

14 Informant Mrs. S. B.
(Address) Baltimore City

15 Filed 1 10 1931, 19 C. HAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-31

17 I HEREBY CERTIFY, That I attended deceased from 2-3, 1931 to 2-10-, 1931,

that I last saw him alive on 2-10-, 1931,

and that death occurred, on the date stated above, at 2 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Contributory Myocarditis
Cerebral Hemorrhage

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Fred M. Dukes, M. D.

, 19 (Address) Baltimore City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk.

DATE OF BURIAL 2/12/31

20 UNDERTAKER Harry Albrecht

ADDRESS Edmondson

Spec.—1-30—M. & T.—250 Bks.

E 65389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65389

30

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore Gen Hospital

CITY OF BALTIMORE: No. ..... ST., ... WARD 24-42

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H. Heath

(a) RESIDENCE No. 4411 White Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 9 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1906.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
24		9 10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble Setter

(b) General nature of industry, business, or establishment in which employed (or employer) 076

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John B. Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Frieda Putens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. John B. Heath
(Address) 4411 White Ave.

15 Filed FEB 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-31

17 I HEREBY CERTIFY, That I attended deceased from 11-28, 1930, to 2-8, 1931, that I last saw him alive on 2-8, 1931, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal T.B., T.B. Peritonitis

Fecal fistula (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Joseph G. Laukaitis, M. D.

19 (Address) South Baltimore Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 2/11/31

20 UNDERTAKER Harry N. Witzke

ADDRESS 4101 Edmondson Ave.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65390 — 22-901 — E 65390

1-PLACE OF DEATH St Agnes Hospital — REGISTERED NO. 7264

CITY OF BALTIMORE: (No. 6 Caroline St., ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David McGuire

(a) RESIDENCE NO. 2458 W 15th ST., Baltimore WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ella McGuire

6 DATE OF BIRTH (month, day, and year): Nov 9 1873

7 AGE: Years 57 Months 3 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): W R & E Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James McGuire

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Ella McGuire

(Address) 2458 W Baltimore

15 Filed 19 Registrar

B 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19, to 2-8-31, 19,

that I last saw him alive on 2-8-31, 19,

and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows: Strangulated Right Femoral Hernia - Gangrene Bowel Intestinal Obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-5-31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) W W Kirwin, M. D.

, 19 (Address) Hilpers Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 2/11 1931

20 UNDERTAKER: Geo A Farley — ADDRESS: Fulton Fayette

1-30—M. & T.—100 B—50L

E 65391

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 ✓ E 65391 ✓

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. 11-14 WARD)

2-FULL NAME Archie Walker

(a) RESIDENCE NO 918 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Walker

6 DATE OF BIRTH (month, day, and year) Unknown 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Magnolia Va

PARENTS

10 NAME OF FATHER Vano Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Magnolia Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hattie Walker
(Address) 918 E. Madison street

15 Filed ..... 192 ..... Registrar

FEB 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D. Coroner

Feb. 10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary cemetery — DATE OF BURIAL Feb. 10, 1931

20 UNDERTAKER Mrs R. G. Elliott — ADDRESS 1725 Aisquith

Spec.—1-30—M. & T.—250 Bks.

E 65392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65392

46

CERTIFICATE OF DEATH.

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 2 E E ST. WARD

2-FULL NAME Lillie Kohner

(a) RESIDENCE NO. Esplanade Apts. 2 E E ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Kohner

6 DATE OF BIRTH (month, day, and year) June 1, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.
(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Sternheimer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Brafman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Max Kohner
(Address) Esplanade Apts.

15 Filed EP 10 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1930, to Feb 8, 1931, that I last saw her alive on Feb 8 1931, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilitation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X Ray

(Signed) J. Judenreich Lentz M. D.

2-9, 1931 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheb Shalom Cem.

DATE OF BURIAL 2/11/ 1931

ADDRESS 1902 Eutaw Place.

20 UNDERTAKER Harry Sondheim & Son

Spec.—9-30—A. & Co.—250 Bks.

✓ E 65393

E 65398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-54 92-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Lerndale

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2 FULL NAME Philip Marks Geo

(a) RESIDENCE NO. Belvedere & Greenspring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) about 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va? U. S. A. Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Hublar

(Address) Belvedere & Greenspring

15 Rec'd 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1931.

17 I HEREBY CERTIFY, That I attended deceased from December 11, 1930, to February 10, 1931

that I last saw him alive on February 9, 1931

and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Ch. valvular heart disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Levin M D M. D.

19 (Address) Lerndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond, Va. DATE OF BURIAL 2/10/1931

20 UNDERTAKER David Donaldson & Son ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

E 65394

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 65394

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. 24-35 WARD)

2. FULL NAME Anna Houser

(a) RESIDENCE No. 1143 Cooksie ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry F.

6 DATE OF BIRTH (month, day, and year) July 25, 1883

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Bernard Machiewicz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Polland

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-31

17 I HEREBY CERTIFY, That I attended deceased from 1-22-31, 19..., to 2-8-31, 19...

that I last saw her alive on 2-8-31, 19...

and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Septicaemia, cause unknown (duration) yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? ~~yes~~ No

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

2-9, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 2/11 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 Park

Spec.—9-30—A. & Co.—250 Bks.

Gascinski ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

65395

CERTIFICATE OF DEATH

107-E 65395

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Bond St. ST. 3-4 WARD)

2. FULL NAME Richard Gasginski

(a) RESIDENCE No. 309 S. Bond St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Gasginski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Josephine Grohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Frank Gasginski
(Address) 309 S. Bond St.

15 10 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 8, 1931 to Feby ....., 19 31 that I last saw him alive on Feby 8, 1931 and that death occurred, on the date stated above, at 7 p.m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nathan Sellers M. D.

19 (Address) 1705 Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cem Balto

DATE OF BURIAL 10 19 31

20 UNDERTAKER John McWeber

ADDRESS 112 Chester

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65396 ✓ E 65396

CERTIFICATE OF DEATH.

× 157-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Baby Wright

(a) RESIDENCE NO. Turners Station Md ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Junior Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ida Wampler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 10 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1931 to Feb 5, 1931, that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 6 15 A m.

The CAUSE OF DEATH* was as follows:

Volvulus (duration) yrs. 2 1/4 mos ..... ds.

Intestinal Obstruction due to (congenital)

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Nov 24, 1930

Was there an autopsy? yes

What test confirmed diagnosis? Physical Findings

(Signed) J. C. Goodwin, M. D.

2/7, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS FEB 10 1931

20 UNDERTAKER Commissioner Health.

Spec.—9 30—A. & Co.—250 Bks

E 65397 HEALTH DEPARTMENT—CITY OF BALTIMORE 65397

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4 WARD 7

2 FULL NAME William Turner

(a) RESIDENCE No. Henryton, Md ST. WARD
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Black
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Turner

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 30 Months Days If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Caddy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: William Turner
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Eliza Pratt
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records
(Address)

15 Filed FEB 10 1931, 19 Per AHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 1931 to Feb. 6 1931
that I last saw him alive on Feb 6 1931 9²⁴ P.M.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows
Lesion Structure of Trachea
(duration 2 yrs. mos. ds.)

CONTRIBUTORY (Secondary) ~~Pulmonary Tuberc~~ Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 2/4/31
Was there an autopsy? Yes
What test confirmed diagnosis? Routine, lab & Bronchoscopy
(Signed) Julius H. Goodman M. D.
2/9 1931 (Address) Mercy Hospital

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL
DATE OF BURIAL 19
ADDRESS

20 UNDERTAKER: Commissioner Health.

FEB 3 - 1931

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65398

CERTIFICATE OF DEATH

159 E 65398

REGISTERED NO. 42-51

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2705 Huntingdon St. WARD)

2—FULL NAME Baby Barton

(a) RESIDENCE NO. 2705 Huntingdon St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 8/31

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
				9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Gilbert M. Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Dorothy L. Beet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Gilbert M. Barton
(Address) 2705 Huntingdon

15 Feb 10 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 9, 1931, that I last saw her alive on Feb 8, 1931, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth (6 mos.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

2/9, 1931 (Address) 846 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL FEB 10 1931

20 UNDERTAKER

ADDRESS

Bureau of Vital Statistics, Health.

Spec.—1-30—M. & T.—250 Bks

243878 E 65399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65399

108

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 3-4 WARD)

2-FULL NAME Samuel Scott

(a) RESIDENCE NO. 519 S Caroline ST. WARD _____ (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C

PARENTS

10 NAME OF FATHER Benj. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Hannah McPherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Records
(Address)

15 Filed FEB 10 1931, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1930 to Feb 5, 1931, that I last saw him alive on Feb 5, 1931, and that death occurred on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar following excision of ulcer of lesser curvature

[redacted]

Pneumonia 2 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erosion gastric ulcer ulcer duodenum (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Jan 13-1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Harold Rosenstein, M. D.

Feb 10 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 10 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

Reg. No. E. HOSPITAL

Spec.—2-29-28—L. F. S.—500 Bks.

E 65400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65400

CERTIFICATE OF DEATH

REGISTERED NO. 21-29

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Ward St ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mamie Mary Roberts

(a) RESIDENCE NO. 1105 Ward St ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Roberts

6 DATE OF BIRTH (month, day, and year) Sept 22 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jesse T Bryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rodney Ms

12 MAIDEN NAME OF MOTHER Mary Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greensboro Md

14 Informant Mrs H Roberts

(Address) 1105 Ward St.

15 Filed 10 1931 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 7/15/ 1930 to 2/9/31, 19.., that I last saw he alive on 2/9/31, 19.., and that death occurred on the date stated above, at 4:25 p m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(duration) two yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine + Wash Ang.

(Signed) Bernard J. Tery, M. D.

2/9/ 1931 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb. 12 1931

20 UNDERTAKER Bernard C Fink 784 ADDRESS Beach Blvd

Spec.—1-30—M. & T.—250 Bks.

E 65401

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 1 E. ST. 13-54 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Corinne Clarke Goodman

(a) RESIDENCE NO. Esplanade Apts. 1 E. ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Irving H. Goodman

6 DATE OF BIRTH (month, day, and year) March 5, 1891.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Catesville, (State or country) N. C.

PARENTS

10 NAME OF FATHER Henry Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mr. Emil Clarke
(Address) Emersonian Apts.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb. 9, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 19 31 to Feb 9, 19 31, that I last saw h[illegible] alive on Feb 9, 19 31, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows

Hypertension

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, Uraemia

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Autmorn

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Walter Sheary, M. D.

19 (Address) 920 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 2/ 11/ 1931

20 UNDERTAKER Edward Sonkheimer & Son

ADDRESS 1403 Eutaw Place

10/1931 C. HARRISON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

E 65402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178001

E 65402

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 15 W. Lee St. St. 22-30 Ward)

2-FULL NAME Jessie R. Suthard

(a) RESIDENCE NO. 15 W. Lee St. St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 2, 1896

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	34	4	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Chaeles P. Suthard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Betty Groves.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Betty Suthard. (mother)
(Address) 1036 Duke St. Alexandria, Va.

15 Filed FEB 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Occidental Illuminating gas poisoning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Leinhardt M. D.

2/10/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alexandria Va

DATE OF BURIAL Feb. 18th 1931

20 UNDERTAKER Geo Demaine & Son

ADDRESS Alexandria Va

Important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 65403

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 65403

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1210 W. Cross St., 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Guntrum

(a) RESIDENCE NO. 1210 W. Cross St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Guntrum

6 DATE OF BIRTH (month, day, and year): June 26-1847

7 AGE: Years 83 Months 7 Days 14 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): _____
(c) Name of employer: Retired

9 BIRTHPLACE (city or town): Hessen Darmstadt
(State or country): Germany

PARENTS

10 NAME OF FATHER: Nicholas Guntrum

11 BIRTHPLACE OF FATHER (City or town): _____
(State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): _____
(State or country): unknown

14 Informant: Mrs W. C. Dorr
(Address): 319 Brighton

15 Filed ..... 19 ..... Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby. 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 5 1931 to Feby 9 1931, that I last saw him alive on Feby 9 1931, and that death occurred, on the date stated above, at 9.50 m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) _____

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? ..... Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical Signs

(Signed) Jas L. Hooper, M. D.

2/10 1931 (Address) 3467 Fr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

Date of Burial: Feb 12 1931

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1093 W. Baltimore

Be careful in giving these details, as they are very important. See instructions on back of certificates.

10 1931 C. Harrison Jones, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65404 ✓ 124-002 E 65404

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Guilford Ave ST. 17 WARD) 50

2—FULL NAME Margaret A Hyland

(a) RESIDENCE NO. 2229 Guilford Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE: Years 75 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Michael Hyland

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Welch

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Mrs J H Melstead
(Address) 2229 Guilford Ave

15 Filed ..... 1931 C. MAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Feby 9, 1931, that I last saw h~~e~~ alive on Feby 8, 1931, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

✓ (duration) ..... yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) none (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

2/10, 1931 (Signed) M. U. O'Neill M. D. (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Feb 11 1931

20 UNDERTAKER Mary M Weidgen — ADDRESS 50 E 23rd St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65405

CERTIFICATE OF DEATH.

REGISTERED NO. 65405

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale Hebrew Home

CITY OF BALTIMORE: (No. 97-S-42 ST. WARD)

2. FULL NAME Isaac Hourt

(a) RESIDENCE No. Belvedere & Greenspring Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown 1858

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sig. Lichtblau Supt. (Address) Hebrew Home for Aged & Infirm

15 10 1931 19 C. HUNSON JONES, M. D. RFH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-31

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to 2-10, 1931 that I last saw him alive on 2-10, 1931 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart Disease (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Edmund Norris M. D.

2/10 19 31 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 2/11 1931

20 UNDERTAKER S. H. Levinson & Bro

ADDRESS 1127 E. Balto. St.

Spec.—9-30—A. & Co.—250 Bks.

65406

HEALTH DEPARTMENT—CITY OF BALTIMORE

65406

CERTIFICATE OF DEATH.

REGISTERED No. 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 N. Fulton Ave. (St.) (Ward) 46-22

2 FULL NAME Lillie E. Parker

(a) RESIDENCE No. 722 N. Fulton Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus H. Parker

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William McKelvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sarah Parkhurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Rufus H. Parker
(Address) 722 N. Fulton Ave.

15 0193 1931 . 19 NEW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to Feb. 8, 1931

that I last saw her alive on Feb. 8, 1931

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Lab. & P.E.

(Signed) Homer U. Todd M. D.

2/8, 1931 (Address) 735 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loans M.E. Church Md. DATE OF BURIAL 2/12 1931

20 UNDERTAKER W. M. Cook ADDRESS 1217 St. Paul St.

Spec.—9-30—A. & Co.—250 Bks.

Dr. H. Morgenroge 1631 Eutaw Place Lafayette 6108 ✓

E 65407 HEALTH DEPARTMENT—CITY OF BALTIMORE 65407

CERTIFICATE OF DEATH.

81

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Monroe St. 16-22 WARD)

2. FULL NAME Herbert Kaye

(a) RESIDENCE No. 1109 N. Monroe ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Bessie M. Kaye

6 DATE OF BIRTH (month, day, and year) ~~July~~ 10th 1871

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cashier

(c) Name of employer Metro Life Ins Co

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ann Penrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Bessie M. Kaye
(Address) 1109 N. Monroe st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-8, 1931, to 2-8, 1931, that I last saw him alive on 2-8, 1931, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Spastic Paraplegia

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ..... Date of .....

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Neurological Findings

(Signed) Harry Wasserman M. D.

, 19 (Address) 1631 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/11/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

Spec.—9-30—A. & Co.—250 Bks

DE Carpenter

65408

HEALTH DEPARTMENT—CITY OF BALTIMORE

65408

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 E. 20th ST. 9-18 WARD)

2. FULL NAME Eliza W. Angel

(a) RESIDENCE No. 518 E. 20th ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, year): Aug 18th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John T. Angel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary T. Holbrook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Amanda E. Angel
(Address) 518 E. 20th St

15 Filed ..... 1931 19 ..... NPH Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1931, to Feb 10th, 1931, that I last saw her alive on Feb 10th, 1931, and that death occurred, on the date stated above, at 8-30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Causing General paralysis
Low hours -
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frances Ann Carpenter M. D.

2-10 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: 2/12/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9 30—A. & Co.—250 Bks

Dr Bailey Fort McHenry Physical Exam 9/6 5 Smith 12.00

65409 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65409

CERTIFICATE OF DEATH.

23

REGISTERED No. 76-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3821 Fait Ave ST. ... WARD).

2 FULL NAME Charles W. Voytmann

(a) RESIDENCE No. 3821 Fait Ave ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Mamie Voytman

6 DATE OF BIRTH (month, day, and year) Sept 11th 1888

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Time Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Voytmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Heniser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Mrs Mamie Voytman
(Address) 3821 Fait Ave

15 Filed ..., 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/19, 1930, to 2-8-, 1931 that I last saw him alive on 2-5-31, 1931 and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was ~~as follows~~: Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sp. and X Ray

(Signed) Wendell Bailey M. D.

, 19 (Address) U S Vet Bureau Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL 2/11/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

FEB 10 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 ✓

E 65410

E 65410

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1500 Braddish St. 15-68 (Ward)

2-FULL NAME John H. Morris

(a) RESIDENCE No. 1500 Braddish St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine F.

6 DATE OF BIRTH (month, day, and year) Aug 10 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	59	6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer) 0-34
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Robt Morris

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Victoria Russell

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Catherine F. Morris
(Address) 1500 Braddish

15 Filed ..... 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Lifetime yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) John H. Neff M. D. Coroner

Balto (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/13 1931

20 UNDERTAKER William Cook

ADDRESS 517 S. Hanover

B 10 1931

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 E 65411

E 65411

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore Harbor St., 7-11 Ward)

2-FULL NAME WILLIAM ROBERT LAWTON

(a) RESIDENCE NO. 3130 McElderry St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) September 3, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 0 50

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 months

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Anne Arundel County Md.

PARENTS

10 NAME OF FATHER George R. Lawton

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Rhoda L. Chard

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Maryland

14 Informant Mrs. Alice L. Jenkins

(Address) 3130 McElderry St.

15 FEB 10 1931 19 RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prostate, Acc Dooring

(Duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY Asphyxia

(Secondary)

(Duration) ..... yrs. ..... mos. — ds.

(Signed) G E Gladden M. D.

(Coroner)

19 (Address) 143 N Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Magothy M.E. Church Cem. Date of Burial: Feb. 11 1931

20 UNDERTAKER: Henry Sander & Sons. Inc. ADDRESS: BALTIMORE ST. & BROADWAY.

OF DEATH in plain terms, so that it may be a legal certificate. very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

65412 HEALTH DEPARTMENT—CITY OF BALTIMORE L 65412

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Brighton ST. 16-67 WARD)

2 FULL NAME Regina A. L. Robinson

(a) RESIDENCE NO. 3305 Brighton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Robinson Jr.

6 DATE OF BIRTH (month, day, and year) April 12, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Lulah Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Charles H. Robinson Jr.
(Address) 3305 Brighton St.

15 Filed Oct 10, 1931, 19 ..... W. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH:

16 DATE OF DEATH (month, day, and year) Feb 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28th, 1931, to Feb 9th, 1931 that I last saw her alive on February 9th, 1931 and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. D. Hammer M. D.

Feb 9th 1931 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Feb 12, 1931

20 UNDERTAKER E. LeRoy Stiffler, Inc — ADDRESS 1202 E. Baltimore Ave

C. HARRISON JONES, M. D.

FOR IS very important. See instructions on

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 ✓ E 65413

CERTIFICATE OF DEATH

E 65413

REGISTERED NO. 17-31

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2737 Oak ST. WARD)

2—FULL NAME William H Plowman

(a) RESIDENCE No. 2737 Oak ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Plowman

6 DATE OF BIRTH (month, day, and year) Oct 10, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired mechanical engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pennsylvania

PARENTS

10 NAME OF FATHER William T. Plowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Susan Coughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Tagg

(Address) 2733 Oak Street

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 9th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1931 to Feb 9th, 1931, that I last saw him alive on Feb 8th, 1931 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis. (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas E. Jones, M. D.

19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westburg Cemetery Baltimore County

DATE OF BURIAL Feb 11, 1931

20 UNDERTAKER E. LeRoy Steffey, Inc

ADDRESS 125 E. North Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65414 94-001 E 65414

CERTIFICATE OF DEATH

REGISTERED NO. 27-53

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5709 Roland Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Swan Ellicott Stewart

(a) RESIDENCE NO. 5709 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Arthur Stewart

6 DATE OF BIRTH (month, day, and year): March 31st 1858

7 AGE: Years 72 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

FATHER

10 NAME OF FATHER: Thomas Poultney Ellicott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

MOTHER

12 MAIDEN NAME OF MOTHER: Caroline M. Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York N.Y.

14 Informant: Lydia M. Stewart

(Address) Rapidan, Va.

15 Filed FEB 11 1931 O. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9th 1931

17 I HEREBY CERTIFY That I attended deceased from † 1913 to Feb 9th 1931, that I last saw him alive on Feb. 9th 1931 and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension (duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) M. M. Dabney, M. D.

Feb 9th 1931 (Address) Ruxton, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Feb 12 1931

20 UNDERTAKER: Henry W. Jenkins & Sons Co.

ADDRESS: Cedar & Mt. Collins St

Spec.—1-30—M. & T.—250 Bks.

Transcript

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 65415

CERTIFICATE OF DEATH.

E 65415

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 1074 WARD)

2-FULL NAME Mary Brady

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Bernard Daily

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Bridget Flanigan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Little Sister of the Poor
(Address) Preston & Monroe

15 Filed ..... 1931 O. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1931, to 2/10, 1931, that I last saw h alive on 2/9, 1931, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown, (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Bernard Wise M. D.

2/10 1931 (Address) 1216 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER Rita Niedefeld ADDRESS 914 Greenmount Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65416 108 E 65416

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Aisquith Sts. ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Long

(a) RESIDENCE No. 724 S. Robinson St. ST. 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of single

6 DATE OF BIRTH (month, day, and year) June 14 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper 086

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Post Papers

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Theresa Dearing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John Long - father
(Address) 924 S. Robinson St.

15 Filed Feb 11 1931 19 ..... C. HAYES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 19 31 to Feb. 8, 19 31, that I last saw him alive on Feb. 8, 19 31, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia (duration) — yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Kinsey, M. D.

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dog Redeemer Cet. DATE OF BURIAL Feb 12 31

20 UNDERTAKER Lillie Zeiler LLC ADDRESS 403 N. Wolfe St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65417

122-001

E 65417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Orleans ST., No. 42 WARD)

2-FULL NAME Mrs Mary Gehring

(a) RESIDENCE NO. 4311 Bayonne Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or WIFE of Bernard H. Gehring

6 DATE OF BIRTH (month, day, and year) April 5, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Herman Luecking

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER - - - Schilling

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Bernadine Gehring
(Address) 4311 Bayonne Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 19 31, to Feb 10, 19 31, that I last saw her alive on Feb 10, 19 31 and that death occurred, on the date stated above, at 7:25 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 29, 1931

Was there an autopsy? Pro

What test confirmed diagnosis? clinical

(Signed) V. Pressina, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb. 14, 19 31
20 UNDERTAKER	ADDRESS
Frederick Lassahn Son	7401 Belair Rd.

1-30—M. & T.—100 B—50L

E 65418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141 E 65418

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME FANNIE MAY FRANK

(a) RESIDENCE No. Joppa Rd. & Ridgeley Ave. Fullerton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton Frank

6 DATE OF BIRTH (month, day, and year) July 17th 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	28	6	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. C. Weaver

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Poston

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Hamilton Frank
(Address) Joppa Rd. & Ridgeley Ave. Fullerton

15 Filed FEB 11 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9th 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia- Pleurisy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Resultant Abortion at 8 mons-still born (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. E. Weaver, M. D. Coroner

Feb 11 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Mountain Cemetery

DATE OF BURIAL Feb. 12 19 31

20 UNDERTAKER Frederick Lassahn & Son

ADDRESS 7401 Belair Rd.

See instructions on back of certificates. TION is very important

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65419

CERTIFICATE OF DEATH

E 65419

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St., 7-13 Ward)

2-FULL NAME James A. Banks. (C)

(a) RESIDENCE NO. 1742 Ashland Ave. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, ~~Widowed or Divorced~~ HUSBAND of ~~(or WIFE of)~~ Gertrude Banks. (C)

6 DATE OF BIRTH (month, day, and year) January 6, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman of a coal yard.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Oscar Banks. (C)

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Do not know.

14 Informant Gertrude Banks. (C) wife.
(Address) 1742 Ashland Ave.

15 Filed ....., 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? If not at place of death? Spencer Carbon Coal
February 7, 1931

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto W. Reinhardt, M. D.

2/10/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1728 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is important. See instructions on back of certificate.

FEB 11 1931

1-30—M. & T.—100 B—50L

E 65420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65420

309

10-14

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute St. Joseph Hospital WARD)

2-FULL NAME Joseph Jenkins

(a) RESIDENCE No 1312 E. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Jenkins

6 DATE OF BIRTH (month, day, and year) L879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Georgia Banister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E. Jenkins
(Address) 1136 N. Gilmore St

15 Filed FEB 11 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock- Hemorrhage (rt leg cut off run over by street car, Belair Road & Herring Run. Inquest to be held Feb 11/31) (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Allers, M. D. Coroner

Feb 10 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Crem.

DATE OF BURIAL 2-12 19 31

20 UNDERTAKER Byrd & Wright

ADDRESS 1218 McElderry St

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65421 108 E 65421

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 5-8 WARD)

2 FULL NAME Howard Mason

(a) RESIDENCE No. 1207 E. Lexington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Mason

6 DATE OF BIRTH (month, day, and year) February 28, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer George Goldberg

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS
10 NAME OF FATHER William Mason
11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.
12 MAIDEN NAME OF MOTHER Mary Thompson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed FEB 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19..., to 2-8-31, 19...
that I last saw him alive on 2-8-31, 19...
and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cemetery — DATE OF BURIAL Feb 11 1931

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans st

FEB 11 1931 HC

TION IS very important. See instructions on back of certificate.

Spec.—9-20—A. & Co.—250 Bks.

E 65422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65422

CERTIFICATE OF DEATH.

131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 E. Biddle St. 8-12 WARD)

2. FULL NAME Isabella Holmes

(a) RESIDENCE No. 2410 E. Biddle St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Frank Holmes

6 DATE OF BIRTH (month, day, and year) Sept 15/68

7 AGE: Years 62 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Levin E. Busick
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Mary E. Dolff
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Kate Enwright
(Address): 2410 E. Biddle St.

15 Filed FEB 11 1931, 19 .. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 31 to Feb 8, 31 that I last saw her alive on Feb 8, 31 and that death occurred, on the date stated above, at 10 15 P. m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Edema —
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause M. D.

19 (Address) Med. Arts. Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem.

DATE OF BURIAL 2/11 19 31

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

TION is very important. See instructions on back of Certificate

Spec.—9-30—A. & Co.—250 Eks

Mrs Annie Nuitz

E 65423

E 65423 HEALTH DEPARTMENT—CITY OF BALTIMORE

53 v

CERTIFICATE OF DEATH.

REGISTERED No. 16-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. ..... WARD)

2 FULL NAME Mrs. Annie Nuitz

(a) RESIDENCE No. 2309 Harlan Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin ? Nuitz

6 DATE OF BIRTH (month, day, and year) Oct 30, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	63	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Rudolph Hirsberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Margt. Harpster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital records
(Address)

Filed Jan 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 31, to Feb 10, 19 31 that I last saw her alive on Feb 10, 19 31 and that death occurred, on the date stated above, at 2^15 A m.

The CAUSE OF DEATH* was as follows:

Infiltrating Carcinoma of Bladder

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastatic obstruction of ureters & uremia

(duration) ..... yrs. ..... mos. 14 ds. or over

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes (cystoscopy) Date of 1/16/31

Was there an autopsy? Yes – partial

What test confirmed diagnosis? Routine, lab + autopsy

(Signed) J. Leyko M. D.

2/10, 19 31 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER H M Routson

ADDRESS 2238 N Mt Hope

Spec.—1-12-23—M&T—500 Blks.

65424

HEALTH DEPARTMENT—CITY OF BALTIMORE

65424

CERTIFICATE OF DEATH.

92

REGISTERED NO. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Wylie ave. WARD

2-FULL NAME Grace B White

(a) RESIDENCE NO. 3017 Wylie Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J Hutson White

6 DATE OF BIRTH (month, day, and year) Jan 2/74

7 AGE Years 57 Months 1 Days 8 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER C R Brisbower

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Lulu Blakiston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant J Hutson White

(Address) 3017 Wylie ave

15 C. HAMPSON JONES, M. D. Registrar

11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Feb 10, 1931, that I last saw her alive on Feb 10, 1931 and that death occurred, on the date stated above, at 1 30 P. M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) About yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Ch. Valv. heart Disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) W W Westoff, M. D.

2/11. 1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER W M Roulton

ADDRESS 223 N Mt

Spec.—1-30—M. & T.—250 Bks

E 65425

E 65425

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-004

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 320 W. Preston St. ST. 11-24 WARD)

2-FULL NAME Polly Goode

(a) RESIDENCE NO. 320 W. Preston St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Prince Goode

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
over 60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Ackerson Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Minerva Tuttle
(Address) 320 W. Preston St

15 Filed FEB 11 1931 C. HARRY JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 Feb. 31

17 I HEREBY CERTIFY, That I attended deceased from 4 Feb. 1931 to 10 Feb. 1931 that I last saw h alive on 9 a 1931 and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia about 5 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Exhaustion about (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto, Md

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) L. Mayfield Boyle M. D.

2/11, 1931 (Address) 1117 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Va

DATE OF BURIAL Feb 11 1931

ADDRESS 916 Ca ves

20 UNDERTAKER Dennis Carlton

Spec.—9-30—A. & Co.—250 Bks.

E 65426 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65426

CERTIFICATE OF DEATH

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE (No. 1514 Division ST. 14 WARD)

2. FULL NAME George L. Gilbert

(a) RESIDENCE No. 309 Preston ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett E. Gilbert

6 DATE OF BIRTH (month, day, and year) April 4 - 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nettie Gilbert
(Address) 309 Preston St.

15 Filed FEB 11 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1931, to Feb. 8, 1931 that I last saw him alive on Feb. 8, 1931 and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Chronic arteriosclerotic hypertension — cardio vascular renal disease.
Hypostatic Pneumonia yrs. Unknown

CONTRIBUTORY (Secondary) Unknown
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) ..... M. D.

2/8. 1931 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 2/12/1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave.

NOTE BACK OF CERTIFICATE. ... IMPORTANT. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65427 62 E 65427

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 11-24

CITY OF BALTIMORE: (No. 933 Madison ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Earnest Marshall Williams

(a) RESIDENCE NO. 933 Madison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah H. Williams

6 DATE OF BIRTH (month, day, and year): June 6, 1890

7 AGE: 41 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: Chas. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hinda Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Sarah Williams

(Address): 933 Madison ave

15 Filed 1931 C. HARRISON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to July 9, 1931, that I last saw him alive on July 8, 1931 and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 1 mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

7/11 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

~~Brought in and found~~

PLACE OF BURIAL, CREMATION OR REMOVAL: ~~Fa~~ Mt Calvary Cem

DATE OF BURIAL: 7-14-31

20 UNDERTAKER: Wm. Edw. Snyder

ADDRESS: 1708 E. Monument St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65428 108 E 65428

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Lennodale

CITY OF BALTIMORE (No. 27-54 Lib. STREET) WARD

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Isaac Rudusky

(a) RESIDENCE No. Belvidere & Greenspring ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rudusky

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Rudusky
(Address) Belvidere & Greenspring

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1931, to 2-11, 1931, that I last saw him alive on 2-10, 1931, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) W. Edmund Lewis M. D.

, 19 (Address) Lennodale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Memorial Park — DATE OF BURIAL 2-11-1931

20 UNDERTAKER Max Levin — ADDRESS 1739 E. Baltimore St.

FEB 11 1931

...TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 65429

E65429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89-002

E 65429

1-PLACE OF DEATH

REGISTERED NO. 1935-66

CITY OF BALTIMORE: (No. Balto. Eye, Ear & Throat Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Schapiro

(a) RESIDENCE. NO. 3509 Norfolk Ave., ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) Feb. 22-1920

7 AGE: Years | Months: 11 | Days: 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Bernard Schapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose Kurr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: J. Laura

(Address) 1739 E. Balto St

Filed FEB 11 1931 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Feb 10, 1931, that I last saw her alive on Feb 10, 1931, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Mastoiditis, operated

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 27, 1931

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Gilbert Rosenthal, M. D.

Feb 11, 1931 (Address) 2311 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Lorraine Cem

DATE OF BURIAL: 2-11-31 19

20 UNDERTAKER: Jack Levin

ADDRESS: 1739 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65430

CERTIFICATE OF DEATH.

REGISTERED NO. 15371

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ..... WARD)

2-FULL NAME Frank G. Lordeman

(a) RESIDENCE NO. 1903 N. Fulton Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Lordeman

6 DATE OF BIRTH (month, day, and year) April 4th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	38	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER John H. Lordeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Josephine Stehle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Anna Lordeman
(Address) 1903 N. Fulton Av.

15 Filed ..... C. H. Hoffman, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Feb 10, 1931, that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute Myocardial insufficiency (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory findings

(Signed) [illegible], M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER E. Schumann & Son

ADDRESS 1029 Hanover

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65431

23 E 65431

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. 22-33 WARD)

2 FULL NAME Samuel Thomas Jones

(a) RESIDENCE No. 711 S. Charles st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23 ?	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Richmond
(State or country) Virginia

PARENTS
10 NAME OF FATHER Jimmy Jones
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia
12 MAIDEN NAME OF MOTHER Florence West
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1930, to Feb. 8, 1931 that I last saw him alive on Feb. 8, 1931 and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY ..... (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seiner M. D.

2-8 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/11 1931

20 UNDERTAKER John J. Fahey Sons — ADDRESS 318 Light st.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65432

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 VE 65432

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital ST. 8-17 WARD)

CITY OF BALTIMORE: (No. .....

2-FULL NAME Lina Conway

(a) RESIDENCE No. 1712 N Chapel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	W	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Nov 19, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	44	—	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none.

9 BIRTHPLACE (city or town) Columbia
(State or country) N.C.

PARENTS

10 NAME OF FATHER Jesse Small

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Eliz Bray

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) N.C.

14 Informant Mrs. J. Bryson
(Address) Balto City Hosp.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-, 1931, to 2-7-, 1931, that I last saw he alive on 2-7-, 1931, and that death occurred, on the date stated above, at 9½ p m.

The CAUSE OF DEATH* was as follows:
Carcinoma of cervix with local metastases

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam

(Signed) Paul M. Dinkwalt, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 2/11 1931

20 UNDERTAKER John J. Fahey Sons

ADDRESS 1318 Hopkins St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65433

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Huntingdon ave ST. 51 WARD)

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Harner.

(a) RESIDENCE. No. 2826 Huntingdon ave ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amanda Harner.

6 DATE OF BIRTH (month, day, and year) March 4 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self employed.

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Melchi. Harner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John H. Harner
(Address) 267 N. 31 st.

15 Filed FEB 11 1931 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 . 1931, to Feb 10 . 1931, that I last saw him alive on Feb 10 . 1931, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration ..... yrs. ..... mos. 5 ds.)

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration Unknown yrs. mos. ds.)

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Chas. R. Goodsborough M. D.

2/11/ 1931 (Address) 3923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: German Reformed Manchester Md

DATE OF BURIAL: Feb 13/ 1931

20 UNDERTAKER: J. Walter Davis

ADDRESS: 3418 Chestnut ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65434 HEALTH DEPARTMENT—CITY OF BALTIMORE 1501 E 65434

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Warner ST. 21-31 WARD

2-FULL NAME Ruth Vaughn

(a) RESIDENCE No. 938 Warner ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. + mos. + ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Leon Vaughn

6 DATE OF BIRTH (month, day, and year) July 14. 1902

7 AGE Years 28 Months 6 Days 26 If LESS than 1 day ..... hrs or ..... min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Madison
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph J. Hane

11 BIRTHPLACE OF FATHER (city or town) Madison
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Opher

13 BIRTHPLACE OF MOTHER (city or town) Madison
(State or country) Maryland

14 Informant Melissa Chester
(Address) Madison Md

15 Filed FEB 11 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY That I attended deceased from 2/3 19 31 to 2/9 19 31, that I last saw her alive on 2/9 19 31, and that death occurred on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows

Acute Bronchio Pneumonia

(duration) ..... yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. — mos. 12 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) David Gruenden M. D.

2/9. 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Maryland

DATE OF BURIAL 2/11 1931

20 UNDERTAKER W. R. Spriggs

ADDRESS 1399 Hanley St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓ E 65435

CERTIFICATE OF DEATH

E 65435

REGISTERED NO. 23-34

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1805 S. Charles ST. (WARD)

2—FULL NAME Annie I. Beard.

(a) RESIDENCE NO. 1805 S. Charles ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Beard.

6 DATE OF BIRTH (month, day, and year) April 6 1864

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ... min
	66.	9	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Staunton Va.

PARENTS

10 NAME OF FATHER William H. Weever

11 BIRTHPLACE OF FATHER (city or town) (State or country) Staunton Va.

12 MAIDEN NAME OF MOTHER Ashley L. ...

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Staunton Va.

14 Informant Armand Beard
(Address) 1805 S. Charles St

16 Filed B 11 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1931

17 I HEREBY CERTIFY That I attended deceased from Dec 15 1931 to Feb 10 1931, that I last saw h... alive on Feb 9 1931, and that death occurred on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows Chronic aortic regurgitation and chronic fibrous myocarditis.

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Cholecystitis (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? 1819 S Charles St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) J. Storm Neibel M. D.

2/16, 1931 (Address) 26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staunton Va. DATE OF BURIAL Feb 1 1931

20 UNDERTAKER A. Evans ADDRESS 38 E Fort Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 65436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 65436

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 873 S Montford ave ST. 1-3 WARD)

2. FULL NAME Sophia Florin

(a) RESIDENCE No. 873 S Montford ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 42 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Florin

6 DATE OF BIRTH (month, day, and year): Unknown 1859

7 AGE: Years 71 ; Months ..... ; Days ..... ; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Austria Hungary

PARENTS

10 NAME OF FATHER: James Dorak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria Hungary

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Joseph Florin
(Address): 873 S Montford ave

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): February 9-1931

17 I HEREBY CERTIFY that I attended deceased from Feb 4 1931 to February 9, 1931 that I last saw he alive on February 9, 1931 and that death occurred on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
Hypertension Uremic Insomnia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary): Anemia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? x Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis & Phlg

(Signed) Thos F. Stevens M. D.

2/10/31 (Address) 2818 Huntington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 12 1931

20 UNDERTAKER: Funk Coach Son 1906 — ADDRESS: Calland St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 65437

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 v 65437

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 10

2 FULL NAME Oscar Alexander

(a) RESIDENCE NO. 323 South st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Millie Alexander

6 DATE OF BIRTH (month, day, and year): 1902

7 AGE: Years 28 | Months | Days | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Richard Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Millie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant (Address): Hospital Records

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9, 1931

17 I HEREBY CERTIFY That I attended deceased from Jan. 13, 1931 to Feb. 9, 1931 that I last saw him alive on Feb. 9, 1931 and that death occurred, on the date stated above, at 1.45 a.m. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Naomi Reuter M. D.

2-9 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: ..... 19....

20 UNDERTAKER: Commissioner Health.

ADDRESS: City Hall

FEB 11 1931

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65438

HEALTH DEPARTMENT—CITY OF BALTIMORE

34

E 65438

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Aisquith ST. 2 WARD)

2-FULL NAME James Proctor

(a) RESIDENCE No. 926 Pearl alley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER James M Proctor

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.C.

12 MAIDEN NAME OF MOTHER Laura Franklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant (Address) Mrs Proctor 1137 Lexington St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-31

17 I HEREBY CERTIFY, That I attended deceased from 11-19-30 19 to 2-8-31 19, that I last saw h alive on 2-8-31 19, and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows: Tertiary Lues with paralysis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) S B Hendry, M. D.

19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 2-10 19 31

20 UNDERTAKER Samuel Handley

ADDRESS 1138 E Biddle St.

TION is very important. See instructions on ... CHARLES S. JONES, M. D. 1 1931

Spec.—1-30—M. & T.—250 Bks.

Mary P Middleton

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 65439

E 65439

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 27-53 WARD

2-FULL NAME Mrs Charles E. Middleton (Mary P)

(a) RESIDENCE NO. 636 Deepdene Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles E. Middleton

6 DATE OF BIRTH (month, day, and year): July 18, 1888

7 AGE: Years 42 yrs. Months (0) Days 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housf.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Tennessee

PARENTS

10 NAME OF FATHER: L. K. Probst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Emily Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: —

(Address)

15 Filed 11 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/10/31

17 I HEREBY CERTIFY, That I attended deceased from 2/5/31, 19..., to 2/10/31, 19...,

that I last saw her alive on Feb. 10, 19 31,

and that death occurred, on the date stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia with ultimate cardiac failure (acute Myocarditis).

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 636 Deepdene Rd.

Did an operation precede death? no Date of ..... room

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs.

(Signed) Francis W. Gluck, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Burying Ground

DATE OF BURIAL: Feb 12 1931.

20 UNDERTAKER: Stewart & Morris

ADDRESS: Balto

TION is very important. See instructions on back

Spec.—1-30—M. & T.—250 Bks.

E 65440 HEALTH DEPARTMENT—CITY OF BALTIMORE EV65440

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md ST. 17-25 (WARD) REGISTERED NO. 634 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Perry

(a) RESIDENCE No. 346 Orford St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): October 1888

7 AGE: Years 43 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Winnsboro S. C.

PARENTS

10 NAME OF FATHER: George Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carolina

12 MAIDEN NAME OF MOTHER: Caroline Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. Carolina

14 Informant: Local City Hospital
(Address)

15 Filed 1 1 1931, 19 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-10-31

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 1931, to 2-10, 1931, that I last saw him alive on 2-10, 1931 and that death occurred, on the date stated above, at 3:15 m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Cirrhosis, Chronic Alcoholic Hallucinosis & Delirium Tremens

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Harry Hillman M. D.

2/10/1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Feb. 13, 1931

20 UNDERTAKER: Wm. R. G. Elliott — ADDRESS: 1725 Ashland Ave

NOTE—This is very important. See instructions on back.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65441

131 E 65441

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Monument ST., 710 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert C. Clifford

(a) RESIDENCE NO. 2729 Monument ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 6-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	–	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boot Fitter

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER James H. Clifford

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia A. Morgan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. John J. Dyas
(Address) 1221 N. Bay St.

15 Filed Feb 11 1931, 19 C. HAMPSON JONES, M. D.
ACH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 10, 1931, that I last saw him alive on Feb 10, 1931 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. J. Schmit, M. D.

2/11, 1931 (Address) 701 N. Fenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Feb. 13 1931
20 UNDERTAKER	**ADDRESS**
Wm. C. Black	927 N. Broadway

Spec.—9-30—A. & Co.—250 Bks.

E 65442 HEALTH DEPARTMENT—CITY OF BALTIMORE 53 E 65442

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 2541 E. Biddle ST. 8-12 WARD)

2. FULL NAME Helen D. Hennessy

(a) RESIDENCE NO. 2541 E. Biddle ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (Write the word.) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 10-1920

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	10	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER J. Edward Hennessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Lizzie J. Roese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant J. Edw. Hennessy
(Address) 2541 E. Biddle St.

15 FILED 11 1931 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from September 11, 1918, to February 9, 1931

That I last saw her alive on February 6, 1931

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Fibro-Sarcoma of left lower leg.
Metastasis to Lungs

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Fibro-Sarcoma

(duration) 2 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 21/1928

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) A. H. Buschkiem M. D.

19 (Address) 1328 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/12/31

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Eks

E 65443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65443

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 707 St. Johns Rd Roland Park (Ward)

REGISTERED No. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Frances Fleckenschildt

(a) RESIDENCE No. 707 St. Johns Rd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (Write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William H. Fleckenschildt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary J. Bardroff.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Mr. William H. Fleckenschildt
(Address) 707 St. Johns Rd.

15 Filed ..... 4 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 10, 1931 that I last saw her alive on Feb. 10, 1931 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Post-diphtheritic paralysis of cardiac + respiratory nerves.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Laryngeal Diphtheria

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Culture positive

(Signed) J. Woodward Wilson M. D.

2/10 1931, (Address) 8466 W 36081

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Feb. 12, 1931

20 UNDERTAKER: John F. Moran

ADDRESS: 3000 E. Balto St.

TION is very important. See instructions on back of certificates.

11 1931

1-30—M. & T.—100 B—50L

L 65444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001
186-L 65444

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N. Fremont Ave. STREET) (WARD)

2-FULL NAME Cornelia West

(a) RESIDENCE (Usual place of abode) No 404 N. Fremont Ave. STREET WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant

(Address)

15 Filed FEB 1 1931, 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull
Accidental Death (Fall)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2901 Rock Rose Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

2/9, 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: FEB 1 1931, 19

20 UNDERTAKER

ADDRESS

H. HAMPSON JONES, M. D.
Commissioner Health.

THE MORGAN

1-30—M. & T.—100 B—50L

E 65445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65445

CERTIFICATE OF DEATH

210-103

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp ST. 16-37 WARD)

2-FULL NAME Harry Fogel

(a) RESIDENCE NO Don't Know ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Don't Know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE Years 31 (estimated) Months' Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Truck Hand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer on Dudge

9 BIRTHPLACE (city or town) (State or country) Don't Know

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) W

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address)

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a hit & run driver not apprehended

(H) Fract (duration) yrs. mos. ds. Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Newkirk Av 7th-Ave

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. E. Frame, M. D. Coroner

19 31 (Address) 2132 W Eldon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL FEB 11 1931

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

TION is very important

UNIVERSITY OF MARYLAND
C. HARTSON JONES, M.D.
Commissioner Health
THE MORGUE

1-30—M. & T.—100 B—50L

E 65446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65446

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Paca ST. 17-25 WARD)

2-FULL NAME Frederick Drarde

(a) RESIDENCE NO 421 N. Paca ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant .....
(Address) .....

15 Filed FEB 11 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zeller Coroner, M. D.

2/9, 1931, (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL FEB 11 1931 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

TION is very important

UNIVERSITY OF MARYLAND
C. HAMPSON JONES, M. D.
Commissioner of Health.
THE MORGUE

Spec.—9-30—A. & Co.—250 Bks.

E 65447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 65447

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward 4-25)

2. FULL NAME Edna Gilpin

(a) RESIDENCE No. 677 W. Fayette St. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Baldwin

6 DATE OF BIRTH (month, day, and year): July 14, 1892

7 AGE: Years 38 | Months 6 | Days 25 | If LESS than 1 day, ...hrs. or ....m.in.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer): 686

(c) Name of employer:

9 BIRTHPLACE (city or town): ?
(State or country): Md.

PARENTS

10 NAME OF FATHER: James ?

11 BIRTHPLACE OF FATHER (city or town):
(State or country): ?

12 MAIDEN NAME OF MOTHER: Estelle Rollins

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): ?

14 Informant: Records of
(Address): B.C.H.

15 Filed FEB 11 1931, 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9-31

17 I HEREBY CERTIFY, That I attended deceased from 8-9-30, 19..., to 2-9-31, 19..., that I last saw her alive on 2-9-31, 19..., and that death occurred, on the date stated above, 1:10 A m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(Duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

2-9-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

FEB 11 1931

C. HARRISON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65448

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH Baltimore City Hospitals

15-24

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2. FULL NAME Caroline Robinson

(a) RESIDENCE No. 610 Cumberland ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: Years 87 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): ? Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of
(Address): Balto. City Hosp.

Date FEB 11 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-7-31

17 I HEREBY CERTIFY, That I attended deceased from 2-15-28, 19..., to 2-7-31, 19...

that I last saw her alive on 2-7-31, 19...

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgel M. D.

2-9-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

FEB 1 1931

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65449

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: NO. 33 Colvert ST., 12-49 (WARD)

2-FULL NAME Aurora Menchero (de Gonzalez)

(a) RESIDENCE NO. 19 Wyncrest Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ? yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred [redacted] yrs. 1 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Apolinar de Gonzalez

6 DATE OF BIRTH (month, day, and year) Dec 31st 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37 ~~38~~	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cuba - Holguin

PARENTS

10 NAME OF FATHER Baldomero Menchero

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain ~~Cuba~~

12 MAIDEN NAME OF MOTHER Francisca Madero

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

14 Informant sister
(Address) 19 Wyncrest Road Catonsville

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1931, to Feb 11th, 1931, that I last saw her alive on Feb 11th, 1931, and that death occurred, on the date stated above, at 10 50 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face (Basal Cell Type)

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Brain abscess

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Cuba

Did an operation precede death? yes Date of Feb 1928

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic exam.

(Signed) Samuel McLanahan M. D.

Feb 11, 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 13, 1931

20 UNDERTAKER Wm J Trickner & Son

ADDRESS N. Pa

TION is very important. See instructions on back of certificates.

FEB 11 1931

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65450

E 65450

82-002

CERTIFICATE OF DEATH.

REGISTERED NO. 61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Springdale Ave ST. WARD

2-FULL NAME Jessie J. Fitzgerald

(a) RESIDENCE NO. 3516 Springdale Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1866

7 AGE Years 64 Months 1 Days 18 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Principal

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Schools

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newburgh N.Y.

PARENTS

10 NAME OF FATHER Wm L. Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Harriett Codlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Miss M. Gertrude Fitzgerald

(Address) 3516 Springdale Ave

15 Filed FEB 11 1931 19 C. HERBERT JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb. 9, 1931, that I last saw her alive on Feb. 9, 1931, and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Pri Tonsillar Abscess

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Chauncey H. Farrell M.D.

2/9, 1931 (Address) 3705 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Feb. 12, 1931

20 UNDERTAKER Wm J. Pickner Sons

ADDRESS North & Pa

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 ✓

E 65451

CERTIFICATE OF DEATH

E 65451

REGISTERED NO. 12351

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elwood A Green

(a) RESIDENCE NO. 2509 Maryland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Green

6 DATE OF BIRTH (month, day, and year): Dec. 30 1860

7 AGE: Years 70 Months 1 Days 12 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: John J. Green

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Ann McVey

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Hospital Record

(Address)

15 Filed ....., 19 .....

MCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 Feb. 11,

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1931, to Feb 11, 1931, that I last saw h. alive on Feb 11, 1931, and that death occurred, on the date stated above, at 2.50 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John T. Chaney, M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Feb 13 1931

20 UNDERTAKER: W M Tuckey Sons ADDRESS: Northda

tion should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

C. PERSON JONES, M. D.

B 11 1931

Spec.—1-30—M. & T.—250 Bks

E 65452 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65452

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 W 33rd St ST. 13-52 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Hylen

(a) RESIDENCE No. 623 W 33rd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28, 1895

7 AGE: 36 Years Months 0 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER George L. Wilt

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Mary E. Wilt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant: Mary E. Wilt (Address) 623 W 33rd St

Filed 11 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 1931, to 2-10, 1931, that I last saw he alive on 2-10, 1931, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary T. B.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Gross autopsy No

What test confirmed diagnosis? Gross autopsy

(Signed) C. [illegible] M. D.

2/11 1931 (Address) 3701 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb 12 1931

20 UNDERTAKER: Chenowith Lore

ADDRESS: 3405 Eastern Ave

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65453

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3171 Kennedy Road ST. 13-52 WARD

2-FULL NAME Mary E Little

(a) RESIDENCE NO. 3171 Kennedy Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Maurice F. Little

6 DATE OF BIRTH (month, day, and year) Feb 2, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles J Stultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret E Rothwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maurice F. Little
(Address) 3171 Kennedy Road

15 Filed Feb 11 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Feb 11, 1931, that I last saw her alive on Feb 10, 1931, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
Interstitial

(duration) 6 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiorthemia
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) W. Smith, M. D.

, 19 31 (Address) 3429 Chestnut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Feb 13 1931
20 UNDERTAKER Chenowetto Son	ADDRESS 3615 Chestnut

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 65454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65454

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

9-46 92-003

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... ST. ... WARD)

2. FULL NAME David Remington

(a) RESIDENCE NO. 1118 E. 30th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Finnigan

6. DATE OF BIRTH (month, day, and year) April 26, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) ? N.Y.

PARENTS

10. NAME OF FATHER David Remington

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12. MAIDEN NAME OF MOTHER Nancy Cunningham

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. Informant Records of
(Address) Balto. City Hosp.

15. Filed 1-11-1931, 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2-9-31

17. I HEREBY CERTIFY, That I attended deceased from 2-4-31, 19, to 2-9-31, 19, that I last saw him alive on 2-9-31, 19, and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension UNKNOWN (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-10. 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 2/13/31

20. UNDERTAKER George E. Roth & Son

ADDRESS 1731 Hanford

CAUSE OF DEATH in plain terms, as may be found on back of certificates. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 65455 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65455

107-001

CERTIFICATE OF DEATH

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Mrs Mary a Leatherwood ST. 9-18 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME .....

(a) RESIDENCE No. 2047 N Kennedy Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellis B. Leatherwood

6 DATE OF BIRTH (month, day, and year): 1/1/1889

7 AGE: Years 42 Months 1 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): O.S.

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry J. Mengel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A. Huth.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Record
(Address) .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/10/31

17 I HEREBY CERTIFY, That I attended deceased from 2-5, 1931, to 2-10, 1931

that I last saw her alive on 2-10, 1931

and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary): —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Goodman M. D.

2/10 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: 2/13/31

20 UNDERTAKER: George J. Roth Inc. Embalmer

ADDRESS: 1225 Hanover

CAUSE OF DEATH to be filled in plain letters. See back of certificate. TION is very important. See instructions on back of certificate.

B 11 1931 Registrar C. HAMPSON JONES, M. D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65456

CERTIFICATE OF DEATH

93-003 E 65456

REGISTERED NO. 27-43

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 White Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Virginia Cook

(a) RESIDENCE NO. 1004 White Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Cook.

6 DATE OF BIRTH (month, day, and year) Dec 29 1857

7 AGE: Years 73 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James A Gray

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Edgerton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant George Cook Jr.
(Address) 1004 White Ave

15 Filed 1 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Feby 4, 1931, that I last saw her alive on Feby 4 1931, and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) several years yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) a number of years yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Morris B. Green, M. D.

2/11, 1931 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb. 12 1931

20 UNDERTAKER: Chas. Jones

ADDRESS: 1 W Franklin

Important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65457

E 65457

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Wallbrook Appt. Walbrook Ave

CITY OF BALTIMORE: (No. Walbrook Ave Ridgewood ST. 15-67 (WARD) 131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward D. de Trehn

(a) RESIDENCE No. Walbrook Appt ST., Walbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~[illegible]~~ Mrs E. D. Detrehn

6 DATE OF BIRTH (month, day, and year) Feb 28, 1860

7 AGE Years 70 Months 11 Days 10 If LESS than 1 day, hrs. or min. 12

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 11

(c) Name of employer ~~Do not remember~~

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Wm A de Trehn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth Hilles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs E. D. de Trehn (Address) Wallbrook Appt

15 Filed FEB 11 1931 19 April C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/31 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feb 10, 1931, that I last saw h~~e~~ alive on Feb 9, 1931, and that death occurred, on the date stated above, at 9 ~~P.M.~~ a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - followed by paralysis

myocarditis - about 9 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis - chronic interstitial nephritis - about (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ..

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Hewlett M. D.

Feb 11, 1931 (Address) 2220 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER George J. Smith

ADDRESS 153 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65458

CERTIFICATE OF DEATH

97

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1719 W Lexington ST. 9-27 WARD)

2-FULL NAME Horace M Hopper

(a) RESIDENCE NO 1719 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 0 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs H M Hopper

6 DATE OF BIRTH (month, day, and year) July 14, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	81	6 7	0 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Marine Engineer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Geo Hopper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucretia Ahlers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs H M Hopper
(Address) 1719 W Lexington

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

B 1 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility
Arterio Sclerosis
(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Carcinoma
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G C Glade, M. D. Coroner

, 19 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER George J Smith

ADDRESS 143 Hollins

1-30—M. & T.—100 B—50L

E 65459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65459

210-021

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp ST. 21-29 WARD)

2-FULL NAME Wm J. Mandell

(a) RESIDENCE NO 1117 Cleveland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo M. Mandell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rose E Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant John M. Mandell
(Address) 1117 Cleveland St

15 FEB 11 1931 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: struck & knocked down by moving auto truck

@ (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fract Skull
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wyoth St nr Cross

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Frank, M. D. Coroner

2/11, 1931 (Address) 2439 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL 2/12/31 19

20 UNDERTAKER Geo Lembach

ADDRESS 525 N Lynchburg St

CAUSE OF DEATH may be properly classified. Exact statement of occupations TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 65460

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001 ✓ E 65460

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Balto City Hosp ST. 1-3 (WARD)

2-FULL NAME Constantine Dzikowski

(a) RESIDENCE NO 2214 Essex St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Dzikowski

6 DATE OF BIRTH (month, day, and year) 3/10-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	10	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Peter Dzikowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Julia Dzikowski
(Address) 2214 Essex St

15 Filed ..... 192 NKH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Essex nr Collington

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. Frank Coroner, M. D.

2/11, 1931 (Address) 2434 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudy Reserve DATE OF BURIAL Feb 12 1931

20 UNDERTAKER John N. Weber ADDRESS Baltimore Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—S 30—A. & Co.—250 Bks.

E 65461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 65461

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 46-2

2. FULL NAME Issac Ayers

(a) RESIDENCE No. 3116 Foster Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1844

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER James H. Ayers

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) England

12 MAIDEN NAME OF MOTHER Eliz. Robinso

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Records of B.C.H.
(Address) .....

15 Filed 11 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-31

17 I HEREBY CERTIFY, That I attended deceased from 12-24-30, 19..., to 2-9-31, 19..., that I last saw him alive on 2-9-31, 19..., and that death occurred, on the date stated above, at 2:05 A. m.

The CAUSE OF DEATH* was as follows:
Cellulitis of left arm with Septicaemia
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic
(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgel M. D.

2-9. 1931. (Address) B-lto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. | DATE OF BURIAL Feb. 12 19 31

20 UNDERTAKER John C. Wille | ADDRESS 35 E. Lanv

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF DEATH is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Dr. Erickson 3055 N. North Ave
Pa 0444

E 65462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65462

CERTIFICATE OF DEATH

93-023

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Windsor Ave) (Ward 45-6)

2 FULL NAME Micha V. Earickson

(a) RESIDENCE No. 2930 Windsor Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of William T. Earickson

6 DATE OF BIRTH (month, day, and year) Oct 29th 1871

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Oliver Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Micha Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm T. Earickson
(Address) 2930 Windsor Ave

15 Filed FEB 11 1931 19 C. HAMPSON JONES, M. D. NCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7th, 19 31, to Feb. 10th, 19 31 that I last saw her alive on Feb. 10th, 19 31 and that death occurred, on the date stated above, at 9 50 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Arterio-Sclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Isaac L. Dickson M. D.

Feb 11, 1931 (Address) 3055 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/12/ 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul st

CAUSE OF DEATH in plain terms, so that it may be of certificate TION is very important. See instructions on back of

Spec.—1-30—M. & T.—250 Bks.

E 65463

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md. ST. 1-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christine Probst

(a) RESIDENCE No. 618 S. Decker Ct. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) 2-2-49

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) (State or country) .....

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Records (Address) Balto City Hospts.

15 Filed 1-1-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-31

17 I HEREBY CERTIFY, That I attended deceased from 4-22-, 1929, to 2-10-, 1931, that I last saw her alive on 2-10-, 1931 and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY ~~(Secondary)~~ Senile Psychosis - Confusion

Deterioration (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

2/11, 1931 (Address) Balto City Hospts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity

DATE OF BURIAL 2/13 1931

20 UNDERTAKER J. M. Cook

ADDRESS 1217 St. Paul St.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65464

DeLinch

93-003

E 65464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General ST. 27 WARD

2-FULL NAME Edgar Monroe Smith

(a) RESIDENCE NO. 5219 St Charles Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Smith

6 DATE OF BIRTH (month, day, and year) Feb 4, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Charles Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mary E Smith
(Address) 5219 St Charles Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) DeLinch, M. D. Coroner

Feb. 11, 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 2/14 1931

20 UNDERTAKER J M Cook

ADDRESS 1317 Druid Pk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 11 1931 ROBERTSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 65465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65465

CERTIFICATE OF DEATH.

107-09

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 8-17 WARD)

2-FULL NAME Frederick Blakeney

(a) RESIDENCE NO. 1625 E. Oliver ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 14, 1929

7 AGE: Years 1 Months 3 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Raymond H. Blakeney

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Amos

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Raymond H. Blakeney
(Address) 1625 E Oliver St

15 Filed Feb 11 1931, 19 ..... C. HARRISON JONES, M.D. Registrar
Neal

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 19 31, to 2-11, 19 31, that I last saw him alive on 2-11-31, 19 ....., and that death occurred, on the date stated above, at 2^15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Lawrence M. Serra, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/13 1931

20 UNDERTAKER W M Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH must be given in all cases. See instructions on back of certificates. ATTENTION is very important.

Spec.—9-30—A. & Cn.—250 Bks.

E. 65466 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65466

46

CERTIFICATE OF DEATH.

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 76-37 St. Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jesse Wootton

(a) RESIDENCE No. None St. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Wm. H. Wootton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records (Address) —

15 C. HAMPSON JONES, M. D. 19 Registrar

11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1931.

17 I HEREBY CERTIFY, That I attended deceased from May. 7, 1926. to Feb. 7, 1931 that I last saw him alive on Feb. 7, 1931 and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital 2. Hours

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Padgit M. D.

2-8. 1931. (Address) —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 2/12 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. PLEASE WRITE PLAINLY. See instructions on back of certificates. TION is very important.

Spec.—1-30—M. & T.—250 Bks.

E 65467 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65467

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 18 W. 23rd ST. 12-51 (WARD)

2-FULL NAME Paul Moseley

(a) RESIDENCE No. 118 W. 23rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 9 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47.	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte Co Va

PARENTS

10 NAME OF FATHER Beverly Moseley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Grew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Arthenia Jones
(Address) 118 W. 23rd St

Filed FEB 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, '31

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 11, 1931, that I last saw h alive on Feb 11, 1931, and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Vascular Heart Disease

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. C. Johnson M. D.

2-11, 1931 (Address) 23 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 2-12, 1931

20 UNDERTAKER Sam'l Chase Hunt — ADDRESS 638 N. Gilmor

CAUSE OF DEATH is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 65468

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1607 McCulloh St. 14th Ward)

2-FULL NAME Maggie L. Johnson

(a) RESIDENCE NO. 1607 McCulloh St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Oct 23-1930

7 AGE: Years ..... Months 3 Days 18 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town): Laurence S. C.
(State or country)

PARENTS

10 NAME OF FATHER: Eugene Johnson

11 BIRTHPLACE OF FATHER (city or town): S. C.
(State or country)

12 MAIDEN NAME OF MOTHER: Nettie Peek

13 BIRTHPLACE OF MOTHER (city or town): S. C.
(State or country)

14 Informant: Eugene Johnson
(Address): 1607 McCulloh

15 Filed ....., 19..... Registrar: A. K. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. G. Smith, M. D.

Feb 10, 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb 12 1931

20 UNDERTAKER: Wm. H. Chase & Son

ADDRESS: 638 N. Gilmor

be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HARRISON JONES, M.

B 11 1931

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65469

CERTIFICATE OF DEATH

131

E 65469

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Vincent ST., 14-27 WARD)

2—FULL NAME Eleanora Waters

(a) RESIDENCE NO. 25 N. Vincent ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Waters

6 DATE OF BIRTH (month, day, and year) Apr 4th 1854

7 AGE: Years 76 Months 5 Days 5 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Work

(b) General nature of industry, business, or establishment in which employed (or employer): House Cleaning

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Baltimore City Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lula Savage
(Address) 1306 N. Carey St.

15 Filed FEB 11 1931, 19 .....

HARRISON JONES, M. D. Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1930, to Feb 9th, 1931, that I last saw her alive on Feb. 7th, 1931 and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows: Interstitial Nephritis

(duration) yrs. 1 mos. 23 ds.

CONTRIBUTORY (Secondary) Multiple Neuritis

(duration) yrs. 2 mos. 20 ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? No Date of .....

Was there an autopsy? none

What test confirmed diagnosis? Clinical and Lab.

(Signed) J. T. Burns, M. D.

Feb. 9, 1931 (Address) 522 N. Carlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb. 13, 1931

20 UNDERTAKER: Sam'l H. Chase & Son

ADDRESS: 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Bks.

Lydia F. Hudson

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 65470

E 65470

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Fayette ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lydia F. Hudson

(a) RESIDENCE NO. 2214 Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Hudson

6 DATE OF BIRTH (month, day, and year) Dec 21 1853

7 AGE: Years 77, Months 2, Days 8, If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Winchester, Va.

PARENTS

10 NAME OF FATHER: William Fox.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mahalah Southerland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Gertrude Quarles.

(Address) 1038 W. Baltimore St.

15 Filed C. HARRISON JONES, M. D. 19 AKH Registrar

B 11 1931

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1929, to 2/10, 1931, that I last saw her alive on 2/10, 1931, and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

Carcinoma of stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cem

DATE OF BURIAL: Feb 13, 1931

20 UNDERTAKER: A. Howard Evans

ADDRESS: 58 E. Fay St.

Spec.—1-30—M. & T.—250 Bks.

E 65471

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 65471

CERTIFICATE OF DEATH.

26-39

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 E Fairmount ST. ..... WARD)

2-FULL NAME Catherine Roberta Mallonee

(a) RESIDENCE NO. 3708 E Fairmount ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thos. Mallonee

6 DATE OF BIRTH (month, day, and year) May 6 - 1848

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Martin Suter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann Wilen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chas Snyder
(Address) Box 236 Route 2 Towson

15 Filed FEB 12 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to Feb. 10, 1931, that I last saw h alive on " 9, 1931, and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. S. Neer M. D.

2/11/31 (Address) 408 Park Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Feb 12 1931

20 UNDERTAKER Chas Ulrich

ADDRESS 208 Orleans

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65472

E 65472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

6-11

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Kenwood Ave ST.) WARD)

2-FULL NAME William Schwartz

(a) RESIDENCE No. 233 N. Kenwood Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Marie Schwartz

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min
41	3	20 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margarette Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Marie Schwartz
(Address) 233 N. Kenwood Ave

15 Filed FEB 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to Feb 10, 1931, that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:
Double Pneumonia
Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

Feb 12 1931 (Address) 1058 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Red. Cem

DATE OF BURIAL Feb. 14 1931

20 UNDERTAKER John G. Rebhouchas

ADDRESS 823 S. Paca

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates.

C. HARRISON JONES, M. D.

FEB 12 1931

Spec.—1-30—M. & T.—250 Bks.

E 65473

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 V

E 65473

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 4th 20 WARD)

2-FULL NAME Lizzie Copeland

(a) RESIDENCE NO. 2006 Brent ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE: Years 34 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Presser in

(b) General nature of industry, business, or establishment in which employed (or employer): factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Lem Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: John Copeland
(Address) 2006 Brent St

15 Filed ..... C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 10, 1931, that I last saw her alive on Feb 10, 1931, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis + Hypertension
Chronic diffuse Nephritis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical observation. Autopsy

(Signed) George H. Yeager M. D.

2/10, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millenbach

DATE OF BURIAL 2/13, 1931

20 UNDERTAKER: Samuel Hemsley

ADDRESS 1378 W. Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65474

82 E 65474

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 867 Harlem Ave St. 26-26 WARD)

2. FULL NAME Mary Smith

(a) RESIDENCE No. 867 Harlem ST ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE Years 59 Months ..... Days ..... If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Md

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. Informant Grace Smith (Address) 867 Harlem Ave

15. Date 12 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7/8/31

17. I HEREBY CERTIFY, That I attended deceased from Feby 7 1931, to Feby 8 1931, (that I last saw her alive on Feby 8 1931) and that death occurred on the date stated above, at 11-25 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. C. Peterson M. D.

19. (Address) 878 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20. PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 7/13 1931

21. UNDERTAKER Samuel Hemsley

ADDRESS 578 N. Bradd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificate.

B 12 1931

Spec.—1-30—M. & T.—250 Bks.

E 65475

HEALTH DEPARTMENT—CITY OF BALTIMORE

121 E 65475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 23-31 ST. WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Jeter

(a) RESIDENCE No. 1016 S. Sharp ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Jeter

6 DATE OF BIRTH (month, day, and year): 1908

7 AGE: Years 23 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Rosie Bell
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Grace Jeter
(Address) 1016 S. Sharp St.

15 Filed ..... 19.. H. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 31 to Feb. 10 19 31, that I last saw him alive on Feb. 10 19 31, and that death occurred, on the date stated above, at 2:00 P.m.

The CAUSE OF DEATH* was as follows:
acute appendicitis. peritonitis
pylephlebitis; septicemia.
(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary): Bronchio-pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Feb. 2, 1931

Was there an autopsy? no.

What test confirmed diagnosis? clinical & lab.

(Signed) George J. Swaye, Jr., M. D.

19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 2/14 19 31

20 UNDERTAKER: Samuel Hensley ADDRESS 708 N. Bedford

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

FEB 21 1931

Spec.—1-12-23—M&T—500 Bks.

E 65476

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 65476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 S East Lyne ST. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Irvin Fuller Jr

(a) RESIDENCE NO. above ST. 20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-31-31

7 AGE: Years | Months | Days 12 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Veh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Catherine Fuller

(Address): 427 S Eat Lyne St

15 Filed 1931 19

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1931, to Feb 11, 1931, that I last saw he alive on Feb 11, 1931, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lots Thoroughly

(Signed) W. A. Knell, M. D.

Jan 13 (Address) Irington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 12 1931

20 UNDERTAKER: Harry N. Armacost & Son

ADDRESS: 4204 Ridgewood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 12 1931

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

E 65477 E 65477

REGISTERED NO. 27-44

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Gibbons ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha B. Park

(a) RESIDENCE NO. 2812 Gibbons ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rufus Park

6 DATE OF BIRTH (month, day, and year) July 9th 1844

7 AGE: Years 87 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dumbarton Scotland

PARENTS

10 NAME OF FATHER Andrew Guthrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Susan Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant H R Park
(Address) Brunswick Nebraska

15 Filed FEB 12 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 5 1931 to February 12 1931, that I last saw her alive on February 9th 1931, and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia. both lower Lobe

Feb 5th to Feb 10 1931 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis? Palpation auscultation Percussion

(Signed) Dr George C. E. Vogler M. D.

19 (Address) 5508 Hanford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alexandria Nebraska

DATE OF BURIAL: Feb 12th 1931

20 UNDERTAKER: George Schulling

ADDRESS: 1126 E Monument St

Of DEATH in plain letters, as shown on back of certificate. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65478

CERTIFICATE OF DEATH

95002

E 65478

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2734 Oak ST. 17-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia R Jones

(a) RESIDENCE NO. 2734 Oak ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 10 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William H Jones

6 DATE OF BIRTH (month, day, and year) Mar 28th 1848

7 AGE: Years 82 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Beckmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Knobloch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Clarence R. Jones
(Address) Staunton Va

15 Filed [illegible] 1931 C. HARRY JONES, M. D. Registrar

FEB 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 13th 1931

17 I HEREBY CERTIFY That I attended deceased from Nov. 1 1930 to Feb. 10. 1931, that I last saw her alive on Feb. 10. 1931 and that death occurred on the date stated above, at 6 50 P. m.

The CAUSE OF DEATH* was as follows:

Old Age Cardiac Dilatation (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. Blair C. Blake M. D.

Feb 10 1931 (Address) 719 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feby 13th 1931

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 Monument St

OF DEATH in plain terms. So that it may be important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65479

E 65479

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-76 WARD)

2-FULL NAME Lucille Scriber

(a) RESIDENCE No. 716 Pen Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Thomas Scriber

6 DATE OF BIRTH (month, day, and year): Jan 17, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
31			23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co Va

12 MAIDEN NAME OF MOTHER: Harriet Pendleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co Va.

14 Informant: Harriet Gray
(Address): 716 Pen al

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 10, 1931, that I last saw her alive on Feb 10, 1931, and that death occurred, on the date stated above, at 6:45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary): Uremia

(duration) ..... yrs. 1 mos. ..... da.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical observation. Lab. tests.

(Signed) George H. Yeager, M. D.

2/10, 1931 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb. 13, 1931

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS: 3224 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXAMPLES: Not "Cancer" but "Cancer of Stomach." Not "Paralysis" but "Cerebral Hemorrhage." Not "Heart Failure" but "Cardiac Dilatation." Not "Pneumonia" but "Lobar Pneumonia." Not "Tuberculosis" but "Pulmonary Tuberculosis." Not "Fever" but "Typhoid Fever." Not "Blood Poisoning" but "Septicemia." Not "Sunstroke" but "Heat Stroke." Not "Fall" but "Fracture of Skull." Not "Injuries" but "Crushed Chest." Not "Accidental" but "Accidental Drowning." Not "Suicide" but "Suicide by Poison." Not "Homicide" but "Homicide by Shot Wound." Not "Cancer" but "Cancer of Liver." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Breast." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Uterus." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Bladder." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Rectum." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Prostate." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Lung." Not "Tumor" but "Malignant Tumor." Not "Cancer" but "Cancer of Stomach." Not "Tumor" but "Malignant Tumor

Cor.—10-10-29—A Co.—100 Bks.

E 65430

HEALTH DEPARTMENT—CITY OF BALTIMORE

140 E 65480

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 14-30 Ward)

2-FULL NAME Mary F. Heber

(a) RESIDENCE NO. 1505 Linden Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of George F. Heber

6 DATE OF BIRTH (month, day, and year) Feb 18 1903

7 AGE: Years 27 Months 11 Days 23 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balti
(State or country) Maryland

PARENTS

10 NAME OF FATHER Amy Shuler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Shuler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant George F. Heber
(Address) 283 N. 31st st

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pelvic Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1505 Linden

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? History

(Signed) J. C. Grady M. D.

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Moriah Cem Hampden — DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: Walter Davis — ADDRESS: 3-15 E Chestnut Ave

N. B.—WRITE PLAINLY, with INDELIBLE INK. All questions should be carefully answered. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65481

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2907 Parkwood Ave. ST., 19-59 WARD)

2 FULL NAME Esther Leah Rothstein

(a) RESIDENCE NO. 2907 Parkwood Ave., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harris Rothstein

6 DATE OF BIRTH (month, day, and year) 86 5

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis
(Address) 1439 E. Baltimore St

15 Filed FEB 12 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from February 10, 1931 to February 11, 1931 that I last saw her alive on February 11, 1931 and that death occurred, on the date stated above, at 12 30 P. m. The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings only

(Signed) M. N. Rutterman M. D.

Feb 11, 1931 (Address) 2324 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levine Work Road

DATE OF BURIAL 2-12 1931

20 UNDERTAKER Jacob Lewis

ADDRESS 1439 E. Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-30—M. & T.—250 Bks

E 65482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65482

CERTIFICATE OF DEATH.

106-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Harlem ave ST. 16-22 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ambrose

(a) RESIDENCE No. 1622 Harlem ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE col.

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Ambrose

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE 78 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Ambrose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm Stanley
(Address) 1622 Harlem ave

15 Filed FEB 12 1931 19 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 11 Feb. 19 31 to 11 Feb 19 31 that I last saw he alive on 11 Feb 19 31 and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) several days

CONTRIBUTORY (Secondary) Regurgitation a heart disease (duration) yrs. mos. ds. a few years

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) L. Mayfield Foyle M. D.

(Address) 1219 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. DATE OF BURIAL Feb 15 1931

20 UNDERTAKER Mrs T. G. Locke ADDRESS 1302 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CONDITION is very important. See instructions on back of certificates.

1-30—M & R—100 B—50L

E 65483

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 65483

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S Ann ST. 2-4 WARD)

2-FULL NAME Jos Chodkowski

(a) RESIDENCE No. 518 S Ann ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Chodkowska

6 DATE OF BIRTH (month, day, and year) March 19-1890

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	11,10	9,21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 062
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Watchman

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Stanislaw Chodkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Chrzanowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Chodkowska

(Address) 518 S Ann St

15 Filed FEB 12 1931 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy Exam

(Signed) W. C. Gladden, M. D. Coroner

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Feb 13 1931

20 UNDERTAKER F. W. Bazelski

ADDRESS 1930 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65484

REGISTERED No. 13-52 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3353 Chestnut Ave ST. WARD)

2-FULL NAME Ellen A. Rice

(a) RESIDENCE No. 3353 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Rice

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years 69. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant George Rice

(Address) 3353 Chestnut Ave

15 Filed FEB 12 1931 HANNSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Feb. 11, 1931, that I last saw he alive on Feb. 11, 1931, and that death occurred, on the date stated above, at 2:55 p.m.

The CAUSE OF DEATH* was as follows:

Hypertension cardiovascular disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Examination

(Signed) Norman H. M. D.

1/12 1931 (Address) 3419 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 14 1931

20 UNDERTAKER Chenoweth & Son

ADDRESS 4615 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Infant Warner

157-004

E 65485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65485

CERTIFICATE OF DEATH

~~FILE NUMBER~~ ~~REGISTERED NO.~~ 6-11

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 N. Curley ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME None ST., WARD

(a) RESIDENCE NO. 433 N. Curley (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 7 1931

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER W. Willard Warner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Forest Hill, Md.

12 MAIDEN NAME OF MOTHER Helen Walker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Forest Hill, Md.

14 Informant Mrs Helen Warner. (Address) 433 N. Curley St.

15 Filed FEB 12 1931 C. HARRY JONES, M. D. Registrar

OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1931, to Feb. 7, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Anencephalus Foetus.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. Was there

What test confirmed diagnosis? Observation

(Signed) [illegible], M. D.

2/11, 1931 (Address) 515 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Emb. Dept.

DATE OF BURIAL Feb 7 1931.

ADDRESS

20 UNDERTAKER

Spec.—9-30—A. & Co.—250 Bks

E 65486

E 65486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 1-3 WARD)

2. FULL NAME Helen Goralski

(a) RESIDENCE No. 2402 Hudson St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3-1919

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Anthony Goralski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Lillian Wuzynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records (Address)

15 Filed 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5, 1931, to 2-10, 1931 that I last saw her alive on 2-10, 1931 and that death occurred, on the date stated above, at 8' m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/5/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operation

(Signed) J. Leyko M. D.

2/10 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Feb. 14 - 1931

20 UNDERTAKER George A. Weber ADDRESS 705 E. Ann St

FEB 12 1931

Information should be carefully supplied. For CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65487

E 65487

CERTIFICATE OF DEATH.

91-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. Lexington ST. 425 WARD)

2-FULL NAME Biagio Frank Russo

(a) RESIDENCE No. 608 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Russo.

6 DATE OF BIRTH (month, day, and year) Aug. 26-1909.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	5	15	4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER August Russo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosina Russo.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. Bertha Russo.
(Address) # 608 W Lexington St.

15 Filed ..... 19. H. HAMPSON JONES, M. D. Registrar

FEB 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/1931.

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Feb 10, 1931 that I last saw him alive on Feb 10, 1931 and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:
Sub-acute Tuberculosis
Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) A. C. Scherzer M. D.

. 19 (Address) Fairmount Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	2/13/1931
20 UNDERTAKER John J. Howard Son.	ADDRESS 901 Hollins St.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. Exact statement of OCCUPATION should be given in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65488 65488

106-802

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2136 E. Fredrick St. 8-16 (WARD)

CITY OF BALTIMORE: (No. 2136 E. Fredrick St.

2. FULL NAME Rosa Ruppert

(a) RESIDENCE No. 2136 E. Fredrick St. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of Joseph Ruppert

6 DATE OF BIRTH (month, day, and year) 12/21/1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary.

PARENTS

10 NAME OF FATHER Andrew Tinar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary.

12 MAIDEN NAME OF MOTHER Maria Palasti

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary.

14 Informant Mrs Mary Hoffst
(Address) 2136 E. Fredrick St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 12, 1931 that I last saw h OR alive on Feb 11, 1931 and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
Emphysema
Bronchial Asthma
(duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis V. Fellis M. D.

19 (Address) 20 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Westmerch Md

DATE OF BURIAL Feb 14 1931

20 UNDERTAKER M. Fladung Son

ADDRESS Bowe

Information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be [illegible] TION is very important. See instructions on back of certificates.

FEB 17 1931 C. HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 65489

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001
E 65489

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. [redacted] Lombard & Greene ST., 12 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Deacon

(a) RESIDENCE No. 825 N. Patterson Park Ave ST., 1 WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced (write the word)~~: Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Of Emma Deacon

6 DATE OF BIRTH (month, day, and year) Aug 7 1861

7 AGE: Years 69 yrs. Months 6 Days 5 — If LESS than 1 day, ...hrs. or ...min. 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector of Lights

(b) General nature of industry, business, or establishment in which employed (or employer): Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: William Deacon

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mercedes Bessie Daughter
(Address) 825 N. Patterson Park Ave.

15 Filed _____, 19 _____ C. HAMILTON JONES, M. D. Registrar
Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 19 31, to Feb. 11, 19 31, that I last saw h~~e/she~~ alive on Feb. 11, 19 31, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction Partial

(duration) ...yrs. ...mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) George Yeager, M. D.

, 19 (Address) University Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemt — DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: Lilly & Zeiler INC — ADDRESS: 4038 Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

FEB 12 1931

Spec.—1-30—M. & T.—250 Bks.

E 65490

HEALTH DEPARTMENT—CITY OF BALTIMORE

12

E 65490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore Gen. Hosp. ST., WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Richter

(a) RESIDENCE NO. 254 So. Boulevin ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: George Richter

6 DATE OF BIRTH (month, day, and year): Aug 6-1883

7 AGE: Years 47; Months 6; Days 5; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Richmond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Georg Richter
(Address) 254 So Boulevin St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1931, to Feb. 11, 1931, that I last saw her alive on Feb 11, 1931, and that death occurred, on the date stated above, at 2.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Starvation acidosis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Lab + physical signs

(Signed) W. J. Sullivan, M. D.

, 19 (Address) So Balt Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Feb 13th 1931

20 UNDERTAKER: Lilly & Zeller Inc.

ADDRESS: 4034 W. Lexington St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HERBERT R. JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

E 65491

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Other Side)

CERTIFICATE OF DEATH

E 65491

REGISTERED NO. 194-62

1-PLACE OF DEATH Maryland Gen. Hosp.

City of BALTIMORE: (No. St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arvid J. Carlson

(a) RESIDENCE NO. 602 F St. Sparrows Pt. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 6 1890

7 AGE Years 40 Months 2 Days 5 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe Mill Worker

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Beth. Steel Co.

9 BIRTHPLACE (city or town)

(State or country) Pa.

PARENTS

10 NAME OF FATHER Peter A. Carlson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Sweden

12 MAIDEN NAME OF MOTHER Emila Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Hosp. records

(Address)

15 Filed 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from 6-23-1930, to 2-11-1931, that I last saw him alive on 2-11-1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Fracture neck of femur (st.)

(duration) yrs. 7 mos. 18 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) few minutes yrs. mos. ds.

18 Where did this disease contracted At Beth. Steel Corporation if not at place of death?

Did an operation precede death? yes Date of 2/7/31

Was there an autopsy? No

What was confirmed diagnosis? Clinical

(Signed) Robert F. Chanette, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Pa — Date of Burial: Feb 12 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65492 HEALTH DEPARTMENT—CITY OF BALTIMORE 48 31 E 65492

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5307 St Albans Way) (STREET) (Homeland)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clinton Harvey Crooks

(a) RESIDENCE No. 109 W. 137 St. New York City (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret F. Crooks

6 DATE OF BIRTH (month, day, and year) Jan. 27. 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50		14.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nimrod M. Crooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Greeley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nimrod M. Crooks

(Address) 2600 Penna. Ave

15 Filed FEB 12 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to Feb 11, 1931, that I last saw him alive on Feb 11, 1931, and that death occurred, on the date stated above, at 11-15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis — Chronic Arterial Hypertension — Generalized Arteriosclerosis

(duration) About 8 mos. or more yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 7 hours ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Carroll Lockard, M. D.

Feb 12 1931 (Address) 7 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Feb. 13. 1931

20 UNDERTAKER	ADDRESS
Josiah Pyfer	[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 12 1931

Spec.—1-30—M. & T.—250 Bks

E 65493

HEALTH DEPARTMENT—CITY OF BALTIMORE

65493

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (NO. North Broadway ST. 16-27 WARD) 122

2-FULL NAME McHarry, Phillip

(a) RESIDENCE NO. 614 N Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Isabelle Jamison

6 DATE OF BIRTH (month, day, and year) Dec 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Record Officer
(b) General nature of industry, business, or establishment in which employed (or employer) City
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Jas McHarry
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Sarah Brown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Bell McHarry
(Address) New York City

15 Filed FEB 12 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 5th, 1931, to February 11th, 1931, that I last saw him alive on February 11th, 1931, and that death occurred, on the date stated above, at 7:00 a m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus of Intestine
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? .....
(Signed) Louis B. Jennings, M. D.
, 19 (Address) Church Home Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Westview

DATE OF BURIAL 2/13 1931

20 UNDERTAKER Henry B Manning Son

ADDRESS 1136 Poplar

INFORMATION SHOULD BE CLEARLY SUPPLIED. EXACT statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-30—M. & T.—250 Bks

E 65494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65494

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841. N. Washington ST., 7-13 WARD)

2-FULL NAME Nicol Redolfo

(a) RESIDENCE NO. 841. N. Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Redolfo

6 DATE OF BIRTH (month, day, and year) April 4th, 92

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
38	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Out

(c) Name of employer Vincent Marcuso

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Nicolino Redolfo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Redolfo
(Address) 841. N. Washington St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 1- 1931 to Feb-11- 1931, that I last saw him alive on Feb-11- 1931, and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:
Chr Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Complete Suppression
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur J. Freeman M. D.

2-11, 1931 (Address) 3505 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 4/13 1931

20 UNDERTAKER Wendell & Lippert

ADDRESS 300 N Eutaw St.

mation should be clearly supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

B 12 1931 HAMPSON JONES, M. D.

Spec.—1-30—M. & S.—250 Bks

E 65495

HEALTH DEPARTMENT—CITY OF BALTIMORE

82 904

E 65495

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Stiles St ST., 3-5 WARD)

2-FULL NAME Margreth Zanardelli

(a) RESIDENCE NO. 1012 Stiles St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 53 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carlo Zanardelli

6 DATE OF BIRTH (month, day, and year): September 8 1864

7 AGE: Years 66 67 Months 5. Days 2. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Dominick Pagnotti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Teresa Gallina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Catherine Paley
(Address) 1512 Lanvale St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

FEB 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 10, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1931 to Feb 9 1931 that I last saw he alive on Feb 9 1931 and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

1 Hemiplegia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. McCulloch, M. D.

Feb 12 1931 (Address) 1027 N Dukeley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 2/14 1931.

20 UNDERTAKER: Blundell & Lippard — ADDRESS: 520 Cleveland

mation should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-30—M. & T.—250 Bks

E 65496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65496

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 738 Pierce ST. 17-26 (WARD)

2-FULL NAME Jacob Tripp

(a) RESIDENCE No. 738 Pierce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rebecca Garrison

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1884

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) D. D. Taylor Co

(c) Name of employer Stove & crockery

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Tripp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Rebecca Tripp, wife
(Address) 738 Pierce St.

Filed FEB 12 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Feb 9, 1931, that I last saw him alive on Feb 9, 1931, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ulcer of Intestines

(duration) yrs. mos 29 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Cabell, M. D.

, 19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb. 13, 1931

20 UNDERTAKER John M. Johnson

ADDRESS 2338 Madison Ave.

mation should be Century Supplies. Note: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65497

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 65497

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 4301 Roland Ave

CITY OF BALTIMORE: (No. Kirkleigh Villa ST., ... WARD) 27-49

2-FULL NAME Annie M. Uniack

(a) RESIDENCE NO. Kirkleigh Villa ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward M. Uniack

6 DATE OF BIRTH (month, day, and year) Oct. 1- 1843

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None ood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jas. F. Moulton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Araminta DuHamel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Edward M. Uniack
(Address) Kirkleigh Villa

15 Filed FEB 12 1931 19 ..... Registrar C. HANSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/31

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1931, to 2/12, 1931, that I last saw h. alive on 2/12, 1931, and that death occurred, on the date stated above, at 1 A.M. m.

The CAUSE OF DEATH* was as follows:

Injuries

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of 2/12/31

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Wm D Kelly M. D.

2/12, 1931 (Address) 608 Lemmon Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/13 1931

UNDERTAKER Chas F. Evans Son

ADDRESS 1118 North Royal ave

mation should be carefully supplied. AGE should be given in years. Exact statement of OCCUP. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65498

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 65498

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 E. North ave. St. 17 Ward)

2-FULL NAME Thomas P. Loud.

(a) RESIDENCE No. 1905 E. North ave St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Ann Loud

6 DATE OF BIRTH (month, day, and year) Aug. 21-1860

7 AGE Years 70 Months 5 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) R.R.
(c) Name of employer Penn. R.R

9 BIRTHPLACE (city or town) (State or country) City

PARENTS
10 NAME OF FATHER Patrick Loud
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire.
12 MAIDEN NAME OF MOTHER Ann Staff
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire.

14 Informant Mrs Ann Loud.
Address 1905 E. North ave

FEB 12 1931

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-31

17 I HEREBY CERTIFY That I attended deceased from Dec. 31 1930 to Feb. 9 1931 that I last saw him alive on Feb. 9 1931 and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes, Cancer. Acute Cardiac Dilatation (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Exam.

(Signed) Geo. M. Cheatham M. D.

2/12, 1931 (Address) 3508 Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae | DATE OF BURIAL 2/12 1931

20 UNDERTAKER F. A. Moran | ADDRESS 3980 E. Balto. St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 65499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65499

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. ..... (WARD) 64

2-FULL NAME William McCrae

(a) RESIDENCE No. 116 N. Chapel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Aaro McCrae

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Grace Richet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Edward Bryan
(Address) 1631 Orleans St

15 Filed Feb 12 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:* Chr. Myocarditis- with Dilatation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at St. Joseph Hosp.

What test confirmed diagnosis?

(Signed) J. H. Ellis, M. D. Coroner

19 Feb 11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockingham N.C

DATE OF BURIAL Feb 18 1931

ADDRESS Orleans 1631

20 UNDERTAKER Edward Bryan

NOTE—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should supply information should be carefully supplied. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65500

82-001 ✓ E 65500

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2817 Druid St. 15-68 Ward)

2-FULL NAME Alice C. LIZWARCK

(a) RESIDENCE NO. 2005 Aisleland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Lizwarck

6 DATE OF BIRTH (month, day, and year): Oct 1867

7 AGE: Years 64 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Wm. H. Sappard

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Lynch

13 BIRTHPLACE OF MOTHER (City or town): Baltimore

(State or country)

14 Informant: Mrs. L. Baumiller

(Address) 2115 Aisleland St.

15 Filed FEB 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to Feb 11th, 1931, that I last saw her alive on Feb 11th, 1931, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Apoplexy.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schaumit, M. D.

, 19 (Address) 1331 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Park — Date of Burial 2/14 1931

20 UNDERTAKER: J. F. Shaughnessy — ADDRESS 131 Eight Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65501

CERTIFICATE OF DEATH.

X 79-001

1-PLACE OF DEATH University Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 Lombard to Green ST., 4-30 WARD)

2-FULL NAME Margaret L. Jones

(a) RESIDENCE NO. Elkridge, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Horace Jones

6 DATE OF BIRTH (month, day, and year) Feb 8, 1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 yrs		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Petzenger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margt L Petzenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Horace Jones
(Address) Elk Ridge Md

15 FEB 12 1931 Filed ..... 19 ..... C. HAYDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1931, to Feb. 11, 1931, that I last saw her alive on Feb. 11, 1931, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:
Meningitis, Pneumococcic

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Puncture

(Signed) George Ingraham, M. D.

, 19 (Address) University Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Episcopal Cemetery Elk Ridge Md	Feb 14 1931
20 UNDERTAKER	ADDRESS
E LeRoy Stiffler Inc	25 E Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Time of burial extended to monday Feb. 16/31. J. Frederick Kempfely asst. Com. of Health

E 65502 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65502

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Mura St ST. 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Myers

(a) RESIDENCE NO. 731 Mura St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A Reynolds

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 032

(c) Name of employer City, Savage Coops

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Myers

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Janet McCathern

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Mrs. Catherine A. Myers
(Address) 731 Mura St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 30 Feb 11 19 31, to ..... 19 ....., that I last saw him alive on Feb 11 19 31, and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Albert R. Kelly, M. D.

19 (Address) 700 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb. 16, 1931

20 UNDERTAKER Elmer W. Conklin

ADDRESS 124 E. Eager St.

FEB 12 1931 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Mary Clares

E 65503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 65503

1-PLACE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 125 S. Chester St. ST. 1-3 WARD)

2-FULL NAME Mary Clares

(a) RESIDENCE No. 2212 Gough St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Vincent Gaskolski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Tillie Lewandowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Clara Gillarski
(Address) 2212 Gough St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to Feb. 11, 1931, that I last saw her alive on Feb. 11, 1931, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows:

Pulmonary TB.

(duration) ✓ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Carl Freuler M. D.

2-12 1931. (Address) 1902 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Manchous — DATE OF BURIAL: Feb. 14 1931

20 UNDERTAKER: John M. Weber — ADDRESS: Charles St.

B 12 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1 30—M. & T.—250 Bks

Dr Lettman 1306 E. Chase St
Wol 8945

E 65504

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 65504

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1222 N. Central Ave ST. 10-14 WARD)

2-FULL NAME Joseph McLaughlin

(a) RESIDENCE NO. 1222 N. Central Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE of~~ Mary E McLaughlin

6 DATE OF BIRTH (month, day, and year) Apr 29th 1866

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64 65	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) —— 062
(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS
10 NAME OF FATHER Joseph McLaughlin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary McLaughlin
(Address) 1222 N. Central Ave

15 Filed FEB 2 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/31.

17 I HEREBY CERTIFY, That I attended deceased from 1/20, 1931, to 2/12, 1931, that I last saw him alive on 2/12, 1931, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(duration) ? yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Irving J. Fittman, M. D.

, 19 (Address) 1304 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/14/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B. HARRISON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

23 Franklin 98 Biddle st
Jan 5 96 9 P.M.

65505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Relay 131/107 -001 65505

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4616 Kavon Ave (Ward) 36-1

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Robert N. Norwood

(a) RESIDENCE NO. 4616 Kavon Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ada A. Norwood

6 DATE OF BIRTH (month, day, and year) June 15th 1866

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Terry M. Norwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elvisa Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Ada A. Norwood
(Address): 4616 Kavon Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.

2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12th 1931

17 I HEREBY CERTIFY, that I attended deceased from Jan 13 1931 to February 12 1931 that I last saw him alive on Feb. 9 1931 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:
Pneumonia Bronchial
Senile Dementia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) N. Trowbridge M. D.

19 (Address) 98 Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Damascus Cemetery

DATE OF BURIAL: 2/15/1931

20 UNDERTAKER: Wm Cook 1217 St Paul st

ADDRESS

INFORMATION WHICH MUST BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be

1-30—M. & T.—100 B—50L

Dr Blades ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65506 66-005 E 65506

CERTIFICATE OF DEATH

26-37

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 817 Ponca ST. WARD)

2-FULL NAME Hannie R Campbell

(a) RESIDENCE No. 817 Ponca ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar D Campbell

6 DATE OF BIRTH (month, day, and year): Oct 3. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Oscar Ruckle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ann Stover

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs O L Snelling

(Address) 315 S Rumsey Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Adenoid Thyroid

(Duration) yrs. mos. 6 weeks ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Pty History

(Signed) H C Glades, M. D.
Coroner

, 19 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 2/13 1931

20 UNDERTAKER: W M Cook

ADDRESS: 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 12 1931 C. HAMPSON JONES, M. D. Registrar

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65507 E 65507

CERTIFICATE OF DEATH

11-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1910 Laurella St. 20-27 Ward)

2-FULL NAME Marcellus Howell

(a) RESIDENCE NO. 1910 Laurella St. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis E Howell

6 DATE OF BIRTH (month, day, and year) June 24-1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	38	7	20	24

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) .....

PARENTS

10 NAME OF FATHER Geo L Harris

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country) .....

12 MAIDEN NAME OF MOTHER Catherine Jones

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country) .....

14 Informant Dennis E. Howell
(Address) 1910 Laurella St

15 Filed ....., 19..... G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Jury
(Coroner, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D.

Feb 7/31 (Address) Bordner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	2-15 1931
20 UNDERTAKER	ADDRESS
Mrs Chas G. Bailey	1421 Jefferson

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 12 1931

Spec.—2-29-28—L. F. S.—500 Bks.

E 65508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

E 65508

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Springfield ave ST., Govans WARD) 27-44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James R. Hall

(a) RESIDENCE NO. 1116 Springfield ave ST., Govans WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 25 1846

7 AGE: Years 84 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): 013

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto city

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Miss Edna Hall

(Address) 1116 Springfield ave

15 Filed FEB 12 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Feb 12, 1931, that I last saw him alive on Feb 11 1931 and that death occurred, on the date stated above, at 3 40 am m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of foot 2 wks (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

Feb 12 1931 (Address) 1612 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cemetery

DATE OF BURIAL: 2-15 1931

20 UNDERTAKER: Mrs Chas G. Bailey

ADDRESS: 1421 Jefferson St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 12 1931

Spec.—1-30—M. & T.—250 Bks

E65509.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E65509.

CERTIFICATE OF DEATH.

137

1-3

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

2-FULL NAME William Keen

(a) RESIDENCE NO. 704 S. Lakewood Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Sarah Keen

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box maker

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Ambrose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Madeline Ricketts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ..... 19..... C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from 2-6-31, 19..., to 2-12-31, 19..., that I last saw him alive on 2-12-31, 19..., and that death occurred on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy of prostate.

Acute urinary retention.

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Dunkerly, M. D.

..., 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery 16

DATE OF BURIAL: Feb. 1931

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore St. & Broadway.

B 1 1931

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65510 E 65510

CERTIFICATE OF DEATH.

50 ✓

REGISTERED NO. 29-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5606 Merrill Ave. ST., 27 WARD)

2-FULL NAME Sarah Ellen Litsinger

(a) RESIDENCE No. 5606 Merrill Ave. ST. 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Litsinger

6 DATE OF BIRTH (month, day, and year) Apr 21 1854

7 AGE: Years 76 Months 10 Days 10 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: James Willingham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Sarah C. White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: Mrs. Charles G. Blakeney

(Address): 5606 Merrill Ave

15 Filed FEB 13 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15 1930 to Feb. 12 1931, that I last saw her alive on Feb. 12 1931, and that death occurred on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Right breast (Mammary Gland).

(duration) yrs. 8 mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ordinary

(Signed) Sherman R. Wrenn M. D.

2/12, 1931 (Address) 2601 Mannsattan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Feb 14, 31

20 UNDERTAKER: A. S. Marshall — ADDRESS: 3539 Falls Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-19-29—A Co.—100 Bks.

E 65511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 65511

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 812 Peach Alley. St., 22-31 Ward)

2-FULL NAME Maria Johnson.(C)

(a) RESIDENCE NO. 812 Peach Alley. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
About 55	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Do not know.

14 Informant Susie Brooks.(C) daughter.
(Address) 1842 Chesapeake Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar
Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinhardt, M. D.

2/12/31 (Address 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lirlacum.

DATE OF BURIAL 2/13 1931

20 UNDERTAKER J. L. Brown & Son

ADDRESS 1184 W. Fay St.

This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65512

108 E 65512

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 9-46 ..... Ward)

2. FULL NAME Lydia Miller

(a) RESIDENCE No. 2317 Aisquith St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Miller

6. DATE OF BIRTH (month, day, and year): Feb. 22, 1887

7. AGE: Years 43 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10. NAME OF FATHER: Thomas R. Graham
11. BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12. MAIDEN NAME OF MOTHER: Sally E. Black
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14. Informant: Records of (Address) Balto. City Hosp.

15. Filed ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 2-11-31

17. I HEREBY CERTIFY, That I attended deceased from 2-6-31, 19..., to 2-11-31, 19... that I last saw him alive on 2-11-31, 19... and that death occurred, on the date stated above, at 10:40 P.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia (duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. ..... mos. 6 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical + lab.

(Signed) Paul Podget M. D.

2-12 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 14 1931

20. UNDERTAKER: Chas. H. Black — ADDRESS: 742 W. Northave

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state TION is very important. See instructions on back of certificates. Exact statement of OCCUPA

Spec.—1-30—M. & T.—250 Bks

65513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65513

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Roberts St ST., 26-27 WARD)

2-FULL NAME William R. Groves

(a) RESIDENCE No. 3607 Roberts Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred VV yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	VV	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER William R. Groves

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Charles Co. Md

12 MAIDEN NAME OF MOTHER Laura V. Bowersay

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Co Md

14 Informant John T. Groves
(Address) 1431 N. Lakewood ave

15 Filed ..... 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feby 11, 1931, to Feby 12, 1931, that I last saw him alive on Feby 12, 1931, and that death occurred, on the date stated above, at 10:00 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Allen C. Beetham, M. D.

2-12 1931 (Address) 3139 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Pikesville Md

DATE OF BURIAL Feb 14 1931

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. Northern ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65514

E 65514

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 4-25 (WARD)

2-FULL NAME Emeline Turner

(a) RESIDENCE No. 113 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Separated

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 10, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William H. Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Gaufner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 11-29-30, 19..., to 2-11-31, 19..., that I last saw her alive on 2-11-31, 19..., and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma of left breast with local metastases

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam

(Signed) Fred M. Duckrall, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowlings Wing Emmitsburg Md.

DATE OF BURIAL Feb 13 1931

20 UNDERTAKER Thomas E. Wright 7002 N

ADDRESS Conselton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 13 1931

C. HAMILTON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

65515

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65515

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 507 Wilson St., 14-20 Ward)

2-FULL NAME Maggie Hunter

(a) RESIDENCE NO. 507 Wilson St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hunter

6 DATE OF BIRTH (month, day, and year): July 15 1900

7 AGE: Years 30 Months 6 Days 29 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer:

9 BIRTHPLACE (city or town): Rockmart
(State or country): Ga.

PARENTS

10 NAME OF FATHER: Wm Sessoms

11 BIRTHPLACE OF FATHER (city or town): N. C.
(State or country)

12 MAIDEN NAME OF MOTHER: Arena King

13 BIRTHPLACE OF MOTHER (city or town): N. C.
(State or country)

14 Informant: Wm Sessoms
(Address): 1417 Dawson

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) R. E. Lewis, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: Lawrence E. Wright — ADDRESS: 710 N Carrollton Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bls.

65516 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 V

REGISTERED NO. E 65516

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N. Appleton St. ST. 15-21 WARD)

2. FULL NAME Sarah Brill

(a) RESIDENCE NO. 1634 N. Appleton St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac Brill

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Freda —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis
(Address) 1634 N. Appleton St

15 Filed FEB 13 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to Feb. 12, 1931 that I last saw he alive on Feb. 12, 1931 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardiovascular Renal Disease

Several years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A. Alba Swoosman M. D.

19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Sinai Hebrew Cem. DATE OF BURIAL 2-13-1931

20 UNDERTAKER Max Levin ADDRESS 1431 E. Balto St

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 65517

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4755 Park Heights Ave 27-56 (WARD)

2 FULL NAME Philip Weinstatt

(a) RESIDENCE No. 4755 Pk. Hgts. Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lisa Weinstatt

6 DATE OF BIRTH (month, day, and year): Mar 10 - 1867

7 AGE: Years 64 Months 8 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: William Weinstatt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Gitta –

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Lewis
(Address): 1739 E. Baltimore St.

15 Filed ..... 19 ..... Registrar

E. HAMPSON JONES, M. D.

FEB 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 31, to Feb 12, 31, that I last saw him alive on Feb 12, 31, and that death occurred, on the date stated above, at 1 50 P. m.

The CAUSE OF DEATH* was as follows:

Uremia Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D. Gilbert M. D.

19 (Address) 4712 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cemetery

DATE OF BURIAL: 2-13-1931

20 UNDERTAKER: Jack Lewis

ADDRESS: 1739 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 65518

E 65518

REGISTERED NO. 27-463

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 E. Hamilton Ave. ST., ... WARD)

2-FULL NAME August Famme, Sr.

(a) RESIDENCE No. 3200 E. Hamilton Ave. ..ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Meta Famme

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant August Famme, Jr.
(Address) 2503 Hermose Ave.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to Feb. 12, 1931, that I last saw him alive on Feb. 11, 1931, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

over 5 yrs. mos ds.
(duration)

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Hoers, M. D.

2-13, 1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Feb. 14, 1931

20 UNDERTAKER Frederick Lassahn & Son

ADDRESS 7401 Belair Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65519

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 65519

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Tivoly Ave ST., 9-46 WARD)

2-FULL NAME Louise Neumann

(a) RESIDENCE No. 2706 Tivoly Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of C. Richard Neumann

6 DATE OF BIRTH (month, day, and year) Apr 19-1868

7 AGE: Years 62 Months 9 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Charles Noethen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Hugel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant C. Richard Neumann
(Address) 2706 Tivoly Ave

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Feb 11, 1931, that I last saw her alive on Feb 11, 1931, and that death occurred, on the date stated above, at 7.25 P.m.

The CAUSE OF DEATH* was as follows: Cancer of the Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer Rectum

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of March 1930

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo. T. Zimmerman M. D.

2/12 1931 (Address) 4554 Hartland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Feby 14 1931

20 UNDERTAKER: John Weeks

ADDRESS: 2008 Orleans

CAUSES OF DEATH MAY BE PUBLISHED IN THE PUBLIC RECORDS, SO THAT IT MAY BE PROPERLY EXAMINED. CARE AND FULNESS OF DOCUTION is very important. See Instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65520

65520

137v

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N Patterson Park Ave ST. 16 WARD)

2 FULL NAME Conrad Horst

(a) RESIDENCE No. 1714 N Patterson Park Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Horst

6 DATE OF BIRTH (month, day, and year) July 22. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11.	19 22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Mfgr

(b) General nature of industry, business, or establishment in which employed (or employer): off

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Conrad Horst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Christine Schuler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Theo Horst
(Address) 2843 Chesterfield Ave

15 Filed ..... 19.. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 11th, 1931, that I last saw him alive on Feb 11th, 1931, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy (benign)

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Morris Zweiman M. D.

Feb. 13, 1931 (Address) 1810 W Mont Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem

DATE OF BURIAL Feb 13 1931

20 UNDERTAKER John Ullrich

ADDRESS 2108 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65521 HEALTH DEPARTMENT—CITY OF BALTIMORE

186-E 65521

CERTIFICATE OF DEATH

1 PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. WARD) 27-55

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Wolfson

(a) RESIDENCE No. Belvedere & Greenspring ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 8-54

7 AGE: Years 81; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: do

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sig Hubland Supt.

(Address) Belvedere & Greenspring

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

FEB 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from 12-4, 1930, to 2-12-31, 19..., that I last saw her alive on 2-11-, 1931, and that death occurred, on the date stated above, at 7.50 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

O.K. Coroner J. J. Morrison

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Fracture left femur

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-1-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edmund Levin M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinai Memorial Park

DATE OF BURIAL: 2-13-1931

20 UNDERTAKER: Jos. Reiss

ADDRESS: 1431 E. Balto. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65522

93-003 E 65522

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 E. Fairmount Ave ST., 6-9 WARD)

2-FULL NAME Hyman Wasslekoff

(a) RESIDENCE NO 1914 E. Fairmount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	whiet	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Wasslekoff

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Wasslekoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Shana Fagel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rebecca Wasslekoff
(Address) 1914 E. Fairmount Ave

15 Filed ..... 192 ..... Registrar

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chr. Myocarditis-Angina Pectoris

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History- Sinai Hosp.

(Signed) J. L. Orem, M. D. Coroner

Feb. 13/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 2/13 1931

20 UNDERTAKER Geo. Florio & Bro

ADDRESS 1127 E Baltimore St

Spec.—9-30—A. & Co.—250 Bks.

E 65523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Home for aged & Infirm

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring ave.

2-FULL NAME Jacob Miller

(a) RESIDENCE No. ..... Levendale ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Bessie

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
c 90				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Miller

11 BIRTHPLACE OF FATHER (City or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Sophia Caplan

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Sigmund Caplan
(Address) Belvedere & Greenspring

15 Filed ....., 19.. C. HAMPSON JONES, M. D. Registrar

EB 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from 2-6, 1931, to 2-12, 1931 that I last saw him alive on 2-12, 1931 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

(duration) 9 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Edmund Levin M. D.

2/12/1931 (Address) Levendale

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave

DATE OF BURIAL 2/13 1931

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Roxeynell Redmond

E 65524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65524

CERTIFICATE OF DEATH.

X 13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-30 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Roxyell Redmond

(a) RESIDENCE NO. Savage rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~M~~ F Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Carl B Redmond

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER ~~Frank Hoff~~ Lee Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Heflin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Carl B. Redmond
(Address) [illegible]

15 Filed ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to Feb 12, 1931, that I last saw her alive on Feb 12, 1931, and that death occurred, on the date stated above, at 10:45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical observation. Autopsy

(Signed) [illegible], M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md

DATE OF BURIAL Feb 15 1931

20 UNDERTAKER Lloyd Kaiser

ADDRESS Laurel Md

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 13 1931

C. HARRISON JONES, M. D.

1-30—M. & T.—100 M—50L

E 65525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65525

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mud Hosp

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lease

(a) RESIDENCE NO Glyndon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 9/15/1856

7 AGE: Years 74 Months 4 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab
(b) General nature of industry, business, or establishment in which employed (or employer): ..... Ole
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Adam Lease

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary Maconnel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mrs Mabel Burrp
(Address): Glyndon Md

15 Filed FEB 13 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

(a) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Glyndon Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. J. France, M. D. Coroner

2/13, 1931 (Address) 29 Squire Ellicott

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Luthern Cemetery Reisterstown Md — DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: J. F. Elbert — ADDRESS: Reisterstown Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65526

11-002

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Gwynn Oak Ave. WARD) 24

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Ellis Erdman

(a) RESIDENCE No. 3614 Gwynn Oak Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Erdman

6 DATE OF BIRTH (month, day, and year) Mar 10 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Marya Dosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Barbara E. Bryan
(Address) 3614 Gwynn Oak Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M.D. Registrar

FEB 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb 10, 1931 that I last saw her alive on Feb 10, 1931 and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Geo Billups M. D.

19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Feb 13 1931

20 UNDERTAKER	ADDRESS
Wm Wickline & Sons	North & Fa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65527 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 65527

109-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Maisel ST. 25-72 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Fields

(a) RESIDENCE No. 2206 Maisel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dora Fields

6 DATE OF BIRTH (month, day, and year) May 15th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nour

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Belmont
(State or country) Md

PARENTS

10 NAME OF FATHER Wm Henry Fields

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Maria Courtney

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Kate Fields
(Address) 2206 Maisel

15 Filed FEB 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 10, 1931, that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at 11:57 a m.

The CAUSE OF DEATH* was as follows:

senility

(duration) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Carl A. Roeling, M. D.

, 19 (Address) 1811 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Feb 13, 31

20 UNDERTAKER H. Nickel Son

ADDRESS North & Calvert

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65528

E 65528

108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Dallas ST. 3-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Dixon

(a) RESIDENCE NO. 312 S. Dallas ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamen Dixon

6 DATE OF BIRTH (month, day, and year) Aug - 1885

7 AGE: Years 45 | Months 6 | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Bertha Dixon
(Address) 182 Harlem St

15 Filed 1-2 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 2-7 1931 to 2-11, 1931, that I last saw ... alive on 2-11, 1931, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Lofy Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 2-14 1931

20 UNDERTAKER: Byron & Wright 1218 McCulloh St

ADDRESS: Eldersley St

B

TION is very important. See instructions on back of certificates. It may be property cancelled. Exact statement of OCCUPA-

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65529

172-002

E 65529

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General 1 St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. B. Sammeng

(a) RESIDENCE NO. 2926 N. Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs. Wm. B. Sammeng

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1847

7 AGE Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
83	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Conrad Sammeng

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lydia Walz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

B 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to Feb. 12, 1931, that I last saw him alive on Feb. 12, 1931, and that death occurred, on the date stated above, at 12:10 A.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (over)

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 16 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John V. Chronister, M. D.

19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial Feb 14 1931

20 UNDERTAKER Geo. W. Little

ADDRESS 2700 Edmondson Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65530

CERTIFICATE OF DEATH

11-002 E 65530

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 526 Brune St. 17th Ward)

2-FULL NAME Rufus H. Daniels

(a) RESIDENCE NO. 526 Brune St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 54 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) S. C.
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Lucy Brown
(Address) 526 Brune St.

15 Filed FEB 13 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Home death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) J. B. Flick, M. D.

Feb. 14 (Address) 526 Brune

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL FEB 13 1931 19

20 UNDERTAKER: Commissioner Health

ADDRESS

Per Wm. E. WOODALL

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1931 HAMILTON JONES, M. D. STATE VITAL STATISTICIAN

THE WORGOR.

Cor.—10-10-29—A Co.—100 Bks.

E 65531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ ✓

E 65531

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 627 W La Fayette St., 17-24 Ward)

2-FULL NAME Florence E. Carroll

(a) RESIDENCE NO. 627 W La Fayette St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 1-1930

7 AGE: Years ..... Months 3 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: None

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER: Jas Carroll.

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Leslie Matthews

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Sophie Carroll
(Address): 627 W La Fayette

15 Filed ....., 19..... Reg Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Lobar death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D.

Feb 10 19 31 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: FEB 13 1931 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4

THE MORGUE

PRS. WM. E. WOODALL

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65532 108 E 65532

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1626 N. Vincent St. 15-21 Ward)

2-FULL NAME Wm H. Brown

(a) RESIDENCE No. 1626 N. Vincent St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): about 1880

7 AGE: Years about 50 Months Days IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant N. W. Police Record
(Address)

15 Filed _____, 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Surgery (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgery

(Signed) _____, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND FEB 13 1931
FEB 13 1931 Commissioner Health
MORGUE
Per. Wm. S. WOODALL

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65533

CERTIFICATE OF DEATH

108

E 65533

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St., 94-33 Ward)

2-FULL NAME Cherles Rudolph. (C)

(a) RESIDENCE NO. Do not know. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Hospital Report.
(Address)

Filed FEB 13 1931 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Lemhardt M. D.

2/12/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

THE MORGUE

Per Wm. E. WOODALL

Tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65534

E 65534

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Hamilton Ave ST., WARD

2-FULL NAME Harry T. Norris, Jr.

(a) RESIDENCE No. 3100 Hamilton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 30, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry T. Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Adeline Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Harry T. Norris
(Address) 3100 Hamilton Ave

15 Filed FEB 13 1931, 19 RLK. Registrar

HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to Feb. 11, 1931, that I last saw him alive on Feb. 11, 1931, and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema
Acute Cardiac Dilatation

(duration) yrs. mos 2 hrs ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) W. E. Cole M. D.

Feb. 11, 1931 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Feb. 14 1931

20 UNDERTAKER: Horace H. Burgee ADDRESS: 431 Falls Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 BFs

E 65535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65535

CERTIFICATE OF DEATH.

108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Manhattan Av. St.) 27-55 (WARD.)

REGISTERED No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Marr Kreuger

(a) RESIDENCE No. 2607 Manhattan Av. (Usual place of abode) ST. 27 WARD ____ (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hanna A. Kreuger

6 DATE OF BIRTH (month, day, and year): Aug 5 1877

7 AGE: Years 53 (~~1875~~); Months ~~Aug~~ 6; Days 7; If less than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer): Office work

(c) Name of employer: B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Francis A. Kreuger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Md

14 Informant: Hanna A. Kreuger (Address) 2607 Manhattan Av.

15 B 13 1931 19 ____ F.J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1931, to Feb. 12, 1931, that I last saw him alive on Feb. 12, 1931, and that death occurred, on the date stated above, at 2.45 P.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ____ yrs. 7 mos. ____ ds.

CONTRIBUTORY (Secondary): Acute dilitation Heart 2 hours

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Sherman R. Frantz M. D.

2/2. 1931 (Address) 2601 Manhattan Av.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 2/14 1931

20 UNDERTAKER: W. M. Roulson ADDRESS: 2238 N. Paca.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65536

CERTIFICATE OF DEATH.

E 65536

1-PLACE OF DEATH Baltimore City Hospitals

3-5 108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... ST..... WARD)

2-FULL NAME George Delaney

(a) RESIDENCE NO. 1415 Eastern Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) Trenton
(State or country) N.J.

PARENTS
10 NAME OF FATHER George Delaney
11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. J.
12 MAIDEN NAME OF MOTHER Catherine Moulds
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19..... Registrar

13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-31

17
I HEREBY CERTIFY, That I attended deceased from 2-4-31, 19..., to 2-9-31, 19..., that I last saw him alive on 2-9-31, 19..., and that death occurred, on the date stated above, at 9:55 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pericarditis, acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Paul Padget M. D.

2-13 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hill

DATE OF BURIAL 2-13 1931

20 UNDERTAKER J. J. Zahey & Son

ADDRESS 1318 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65537 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65537

139-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. North Broadway ST. 6-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Cornelia Maddrix

(a) RESIDENCE No. Crisfield, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Clarence Maddrix

6 DATE OF BIRTH (month, day, and year) May 4.1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	40	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elijah Hope

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cornelia Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Clarence Maddrix
(Address) Crisfield, Md.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb.13.1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to Feb 13, 1931, that I last saw her alive on Feb 13, 1931, and that death occurred, on the date stated above, at 3 55 P. M.

The CAUSE OF DEATH* was as follows:
Tubo ovarian cyst with Uterine hemorrhage.

(duration) ?, yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 23, 1930

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James P. Gary, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Crisfield, Md.

DATE OF BURIAL: Feb.13.1931

20 UNDERTAKER: Hughes & Jones

ADDRESS: 424 N. Brdy.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65538

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65538

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital 35

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-7 ..... WARD)

2-FULL NAME Bernice Pryor

(a) RESIDENCE No. 647 N. Calhoun St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C.

5 ~~Single, Married, Widowed,~~ or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
about 27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) Roanoke
(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Maggie Pryor
(Address) 647 N. Calhoun St.

15 Filed FEB 13 1931, 19 ..... Registrar

B 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1931, to Feb 12, 1931, that I last saw alive on Feb. 12, 1931, and that death occurred, on the date stated above, at 6 15 A m.

The CAUSE OF DEATH* was as follows:

Bilateral tubo-ovarian abscess probably gonococcal

(duration) yrs. 6 mos ..... da.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. ..... mos. 5 da.

18 Where was disease contracted if not at place of death? Jan. 12 th

Did an operation precede death? Yes Date of Jan 26 th

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va

DATE OF BURIAL Feb. 13 1931

20 UNDERTAKER Wm. H. Elliott

ADDRESS 1720 Ashland Ave

TION is very important. See instructions on back of certificates.

E. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65539

82-9 65539

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals 6-9

CITY OF BALTIMORE: (No ..... St. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary E. Minor

(a) RESIDENCE NO. 1835 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Minor

6 DATE OF BIRTH (month, day, and year) April 2, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) N.C.

PARENTS
10 NAME OF FATHER John ?
11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.
12 MAIDEN NAME OF MOTHER Rachel Sears
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant Record of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 8-28-30, 19..., to 2-11-31, 19...
that I last saw her alive on 2-11-31, 19...
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padget M. D.
2-11-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 2/14/1931

20 UNDERTAKER Robert R. Williams — ADDRESS 1515 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON LEWIS

B 10 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65540

CERTIFICATE OF DEATH.

X 131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. Madison St) WARD 10 14

2. FULL NAME Fannie McLaughlin

(a) RESIDENCE No. 1102 E. Madison ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ..... ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of F

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1878	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John McNeal

11 BIRTHPLACE OF FATHER (city or town) (State or country) NC

12 MAIDEN NAME OF MOTHER Rosa Gaty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

14 Informant Mable Jenoral (daughter)
(Address) 1102 E. Madison St

15 ..... 1931 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1930, to Feb 8, 1931 that I last saw her alive on Feb. 8, 1931 and that death occurred, on the date stated above, at 11 a.m. p.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Calvin B. LeCompte M. D.

19 (Address) 1113 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jacksonville Fla

DATE OF BURIAL 2/13/31

20 UNDERTAKER Robert T. Williams

ADDRESS 1515 McElderry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65541

HEALTH DEPARTMENT—CITY OF BALTIMORE

144-002

E 65541

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-21 WARD)

2-FULL NAME Rosa Lee a Newman

(a) RESIDENCE No 615 Collett ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbert Newman

6 DATE OF BIRTH (month, day, and year) June 11-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Launderess
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C. Washington

PARENTS

10 NAME OF FATHER Eath Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Maggie Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wilbert Newman
(Address) 615 Collett St

15 FEB 13 1931 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to rupture of uterus during labor.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D.
Coroner
2/13. 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL 2/14 1931

20 UNDERTAKER Samuel Hemsley

ADDRESS 1318 McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 E 65542

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 96-37 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William F. Rothert

(a) RESIDENCE No. none St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: Years 55 (56) | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 1 7 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-31

17 I HEREBY CERTIFY, That I attended deceased from 5-21-12, 19 ..., to 2-13-31, 19 ..., that I last saw him alive on 2-13-31, 19 ..., and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Tabes dorsalis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? In hospital 2 hours

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgt. M. D.

2-13, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 2/14 1931

20 UNDERTAKER: Bowman & Son

ADDRESS: 805 W. Lafayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Rls

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65543

107-E 65543

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospital WARD) 33

REGISTERED No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mildred R. Meister

(a) RESIDENCE No. 3. E. Hill ST. .... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓ ✓ ✓

6 DATE OF BIRTH (month, day, and year): Sept 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Meister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Bessie V. Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: William Meister
(Address): 3 E. Hill St

15 FEB 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to Feb. 12, 1931 that I last saw HER alive on Feb. 12, 1931 and that death occurred, on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) .... yrs. .... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. L. Campbell M.D.

2/13/1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: T. A. Wanser Son

ADDRESS: 703 Ham

TION is very important. See instructions on back of certificates.

...at it may be properly classified. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Bks.

Dr Kuull 4207 Frederick Ave Ed
Cor Augusta Ave 1167.

E 65544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65544

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Fort Hill Ave. WARD) 70-70

2. FULL NAME Edward Giesler

(a) RESIDENCE No. 305 Fort Hill Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of (~~WIFE of~~) Mary Emma Giesler

6. DATE OF BIRTH (month, day and year) Nov 9th 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	2	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10. NAME OF FATHER: John Giesler
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant: Mary E. Giesler
(Address) 305 Fort Hill Ave

15. Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Feb 13th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Prepared pulse

(Signed) H. A. Kuull M. D.

2/3, 1931 (Address) 4207 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery
DATE OF BURIAL: 2/17/1931

29. UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul st

CAUSE OF DEATH MUST be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 13 1931

Spec.—8-20—A. & Co.—250 Bks.

65545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53 E 65545

1-PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 96-37

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Burritt

(a) RESIDENCE No. 3504 E. Pratt st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Burritt

6 DATE OF BIRTH (month, day, and year) June 15, 1890

7 AGE: Years 40 | Months 7 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rosie Gaustros

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records
(Address)

15 1 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1930, to Feb. 12, 1931 that I last saw her alive on Feb. 12, 1931 and that death occurred, on the date stated above, at 10.15 a. m. The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) David Lerner M. D.

2-13 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 2/14/1931

20 UNDERTAKER: Wm Cook 1217 St Paul st

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65546

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-09 65546

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Watson

(a) RESIDENCE No. 921 Ensor ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND OF~~ or) WIFE of James G. Watson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
about	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John R Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant George M. Watson
(Address) 921 Ensor St

15 Filed ..... 19 .....

B 13 1931 C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 19 31, to Feb 12, 19 31, that I last saw h.... alive on Feb 12, 19 31, and that death occurred, on the date stated above, at 6:20 p. m.

The CAUSE OF DEATH* was as follows:

Unassayed Arteriosclerosis + Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Observation

(Signed) [illegible] M. D.

19 (Address) Clarence Wolf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 2/16/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65547

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-8 3

E 65547

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 11-7 ST WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Hamlett

(a) RESIDENCE No. 611 N. Calvert ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 12 ?

7 AGE: Years 75 | Months ~6 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nursing
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chesterfield Co. Va.

PARENTS
10 NAME OF FATHER: Major M. Farmer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Edna Jane Clark
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 2-13 1931 19 C. HAMPSON JONES, M. D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-31

17 I HEREBY CERTIFY, That I attended deceased from 6-14-30, 19 to 2-13-31, 19
that I last saw her alive on 2-13-31, 19
and that death occurred, on the date stated above, at 12:35 A m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

2-13 1931. (Address Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL 2/14/1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St

B 13 1931

CAUSE OF DEATH MUST BE STATED BY PHYSICIAN IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

65548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 65548

1 PLACE OF DEATH Provident Hosp.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ..... ST. ..... WARD 20)

2 FULL NAME Dorothy Crenshaw

(a) RESIDENCE No. 507 Wilson ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11-1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Record
(Address)

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

FEB 14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1931 to Feb. 11, 1931 that I last saw he alive on Feb. 11, 1931 and that death occurred, on the date stated above, at 9 25 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald, M. D.

2/12, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cultura Cem. — DATE OF BURIAL: 2/14, 1931

20 UNDERTAKER: Samuel Wensley — ADDRESS: 78 Eddie

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 65549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 E 65549

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. West Balto Gen Hosp ST. 27-56 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Delker

(a) RESIDENCE NO. 3100 Spaulding Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Delker (nee Easter)

6 DATE OF BIRTH (month, day, and year) June 1, 1857.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min
73	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Gardner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John J. Delker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Schalg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Elizabeth A. Delker

(Address) 3100 Spaulding Ave.

15 Filed FEB 14 1931, 19 . APB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/31

17 I HEREBY CERTIFY That I attended deceased from 2/8, 19 31, to 2/12, 19 31, that I last saw it alive on 2/12, 19 31, and that death occurred, on the date stated above, at 8.42 p m.

The CAUSE OF DEATH* was as follows: Perforated Appendix & Peritonitis (B. Coli).

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/8/31

Was there an autopsy? No

What test confirmed diagnosis? Operation - Laboratory

(Signed) Harry Aschman, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/16/31

20 UNDERTAKER: Harry N. Witzke

ADDRESS: 4101 E. Monument Ave.

CAUSE OF DEATH in plain terms. Exact statement of cause may be property classified. See instructions on back of certificates. TION is very important

Spec.—1-30—M. & T.—250 Bks

E 65550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65550

CERTIFICATE OF DEATH.

20-7 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 S. Collins Ave. ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stewart W. Atkinson

(a) RESIDENCE NO. 150 S. Collins Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24, 1929.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George T. Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Nettie C. Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George T. Atkinson
(Address) 150 S. Collins Ave.

15 Filed FEB 14 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 2/12/31

16 DATE OF DEATH (month, day, and year) 2/12/31

17 I HEREBY CERTIFY That I attended deceased from 2/2 1931 to 2/12, 1931, that I last saw him alive on 2/12, 1931, and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Wolf, M. D.

19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/14/31

20 UNDERTAKER Harry A. Weitzke

ADDRESS 4101 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65551 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65551

CERTIFICATE OF DEATH.

108v

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-51 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert E. Chalk

(a) RESIDENCE No. 2642 Bernard St. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5d If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Chalk

6 DATE OF BIRTH (month, day, and year) Oct 11, 1899.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
32	31	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Chalk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Anna Sullins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Anna Chalk
(Address) 2642 Bernard St.

15 Filed FEB 14 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb-9, 1931, to Feb. 12, 1931 that I last saw him alive on Feb 12, 1931 and that death occurred, on the date stated above, at 2:45 P.M. The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) F. M. Grossmann M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cemetery

DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: Cherowitz & Lox

ADDRESS: 3615 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 65552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

E 65552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 17-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bauline Tucker

(a) RESIDENCE NO 701 W. Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30/1897 1897

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Melvin Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dolsey Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Melvin Tucker
(Address) 701 W. Lafayette Ave

Filed Feb 14 1931, 192. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Toxemia-burns over body, face, arms & legs. Clothes accidently caught fire while playing with matches.
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Waters, M. D. Coroner

Feb 13/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2-14 1931

20 UNDERTAKER Dennis Tarbert

ADDRESS 916 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

1-30—M. & T.—100 B—50L

E 65553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 65553

8-13

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. ..... WARD)

2-FULL NAME James Brooks

(a) RESIDENCE No 1209 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Brooks

6 DATE OF BIRTH (month, day, and year) July 26/1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bertha Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Josephine Brooks
(Address) 1209 N. Dallas St

Filed FEB 14 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Terminal Pneumonia- Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Septic Sore Throat

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Drainage And Cavity

Did an operation precede death? Date of Feb 10/31

Was there an autopsy? no

What test confirmed diagnosis? Pus Bacilli

(Signed) J. H. Mills, M. D. Coroner

Feb. 12 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Feb 14 1931

20 UNDERTAKER Chas. H. Johnson 417 N. ADDRESS Carline St.

B

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65554

CERTIFICATE OF DEATH.

134 65554

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 754 W. Mulberry St. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Floyd

(Residence in Baltimore: No. 754 W. Mulberry St.; 53 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown, 1878
(Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Galloway

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Hawkins

(Address) 754 Mulberry

15-

Filed ....., 191.....

Registrar .....

FEB 14 1931 HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 - 11, 1931
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931 to Feb. 11, 1931, that I saw her alive on Feb 11 1931, and that death occurred, on the date stated above, at 12 P.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension (Atheroma) aortic

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) C. Maeder M. D.

Feb 12, 1931 (Address) 9303 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, 2-15, 1931

20-UNDERTAKER John H. Toadvin

ADDRESS 1027 Druid Hill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 65555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 X 003

E 65555

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Ridgely ST. 21-29 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Villmar

(a) RESIDENCE No. 908 Ridgely ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Villmar

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mach. Barrel
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer: Balto.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER F. Geo. Villmar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Catherine Penzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant George Villmar

(Address) 217 Gittings Ave

15 Filed FEB 14 1931 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

2/12 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 14 1931

20 UNDERTAKER: Wm. J. Eckner Sons

ADDRESS: N. Y. & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 65556

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 65556

CERTIFICATE OF DEATH.

16-68

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2811 Riggs Ave., ST., ... WARD)

2-FULL NAME Robert P. Horney

(a) RESIDENCE NO. 2811 Riggs Ave., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lucinda C. Horney

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Horney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Jane Score

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Lucinda C. Horney
(Address) 2811 Riggs Ave.,

15 Filed FEB 14 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 16, 1929 to February 13, 1931 that I last saw him alive on February 13, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 2 Yrs.
Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. O'Connolahan, M. D.

2/14, 1931 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 2/16 1931

20 UNDERTAKER Geo. W. Little

ADDRESS Edmondson Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

243883
E 65557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65557

CERTIFICATE OF DEATH.

157-004

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL, ST., WARD)

2-FULL NAME Benjamin Collins

(a) RESIDENCE NO. 1811 N. Streeker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-30-30

7 AGE: Years | Months: 6 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Benjamin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosella Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 14 1931, 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-12-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Feb 12, 1931, that I last saw him alive on Feb 12, 1931, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Megacolon

(duration) ..... yrs. 6 mos 13 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Robert O. Y. Warren, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: 2/14 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Preastman

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 65558

HEALTH DEPARTMENT—CITY OF BALTIMORE

95 65558

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 Hanover (ward) 23-32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Treff

(a) RESIDENCE No. 1517 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhelmina Treff

6 DATE OF BIRTH (month, day, and year): April 23rd 1849

7 AGE: Years 81 Months 9 Days 19 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Gotthardt Treff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Immerwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Herman Treff

(Address) 1517 Hanover st.

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 9th 1931, to Feby 12th 1931, that I last saw him alive on Feby 11th 1931, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Dilated Aorta

(duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Beuthner, M. D.

19 (Address) 134 Otterbein

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb 16 1931

20 UNDERTAKER: E. Schloman & Son ADDRESS: 1039 Hanover st.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 65559

30-70

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) # 103 S. Culver St. (Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Inez McCarthy

(a) RESIDENCE No. # 103 S. Culver St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. McCarthy

6 DATE OF BIRTH (month, day, and year) Nov 9, 1909.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

027

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Harry E. Lawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Craven

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mr William J. McCarthy
(Address) # 103 S. Culver St

15 Filed FEB 14 1931, 19 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 / 13/1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 28, 1931, to Feby 13, 1931 that I last saw her alive on Feby 13, 1931 and that death occurred, on the date stated above, at 12.45 PM

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

2/14 1931 (Signed) M. U. O'Neill M. D.
(Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 2 / 16 / 1931

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65560

HEALTH DEPARTMENT—CITY OF BALTIMORE

65560

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1114 S. Highland Ave ST. 16-1 WARD)

2-FULL NAME ANNA M. Noranbrock

(a) RESIDENCE NO. 1114 S. Highland Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Noranbrock

6 DATE OF BIRTH (month, day, and year) Dec. 10 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward G. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Dickey L. Rehmert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Charles H. Noranbrock
(Address) 1114 S. Highland Ave.

15 Filed FEB 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 '31.

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 13, 1931 that I last saw her alive on Feb 13, 1931 and that death occurred, on the date stated above, at 5.25 P.M. The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Filler M. D.

2/14/1931 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Feb 17 1931

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Bks

E 65561

E 65561 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-50 Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. William Holl.

(a) RESIDENCE No. 221 E. 25th St. (Usual place of abode) St. ..... Ward ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Holl

6 DATE OF BIRTH (month, day, and year) March 5 1856

7 AGE: Years 74 Months 11 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jacob Holl.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert E. Holl (Address) 405 Cold Spring Lane.

15 Filed C. HAMPSON JONES, M. D. Registrar By .....

FEB 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Feb-13, 1931 that I last saw him alive on Feb-13, 1931 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cirrhosis of liver

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/10/31 (Cholecystotomy)

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) G. M. Laudenslager M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb 16 1931

20 UNDERTAKER: George W. Zirkler ADDRESS: 1737 E. Eager st

CAUSE OF DEATH may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Louise Burger

E 65562 E 65562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 19-27 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louise Burger

(a) RESIDENCE No. 422 N. Payson ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth 50 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. J. Burger

6 DATE OF BIRTH (month, day, and year) Sept 17th 1847

7 AGE Years 84 Months 5 Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Mrs. A. Burger

(Address) 249 N. Chapel St.

15 Filed 14 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 12, 1931

that I last saw her alive on Feb 12, 1931

and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Cleo D. Stilwell M. D.

. 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/16/31

(Signature) UNDERTAKER F. B. Wappert

ADDRESS 1301 Eutaw Place

CAUSE OF DEATH MUST be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65563 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65563

CERTIFICATE OF DEATH.

+ 89-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 30 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Beamer

Md Training School for Boys

(a) RESIDENCE NO. Loch Raven Md ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24 1913

7 AGE: Years 17 | Months 1 | Days 20 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Loudun County
(State or country) Virginia

PARENTS

10 NAME OF FATHER John Beamer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Loudun Co Va.

12 MAIDEN NAME OF MOTHER Pearl Durow

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Frederick Md

14 Informant John H Beamer
(Address) 2114 Mulberry St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13. 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Suppuration of the mastoid (right)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cerebrospinal Meningitis

Pneumococcus (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Maryland Training School for Boys

Did an operation precede death? yes Date of 2-11-31 Mastoidectomy

Was there an autopsy? of Head

What test confirmed diagnosis? Clinical, laboratory & autopsy

(Signed) W. H. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick City Md

DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: George J Smith

ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificates.

FEB 14 1931 Filed, 19 C. HAMPSON JONES, M. D. Registrar

Spec.—1-30—M. & T.—250 Bks.

E 65564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65564

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E. 22 Nd St. ST. 12-50 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. McKenna

(a) RESIDENCE No. 416 E. 22 Nd St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec. 31, 1862

7 AGE: Years 68 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr. Frank McKenna
(Address) 416 E. 22nd St.

15 Filed ..... 19..... Registrar

C. HAMPSON JONES, M. D.
FEB 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 13, 1931, that I last saw him alive on Feb 12, 1931, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Tachycardia, Emphysema, Nephritis & Emphysema, Arteriosclerosis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis, Arteriosclerosis & Emphysema (duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 416 E 22nd St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. R. Carman M. D.

2/14/1931 (Address) 1707 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 17, 1931

20 UNDERTAKER: Elmer J. Conklin — ADDRESS: 924 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65565

95

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 9 I. ST. 14-20 WARD)

2-FULL NAME Bettie Heineman

(a) RESIDENCE NO. Marlborough Apts. 9 I. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Marcus Heineman

6 DATE OF BIRTH (month, day, and year) Apr. 24, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER Samuel Sonneborn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Prager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss. H. Heineman
(Address) Marlborough Apts.

15 Filed FEB 14 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1931.

17 I HEREBY CERTIFY, ~~That I attended~~ deceased from April, 19 16 to Feb 13th. 19 31.

that I last saw her alive on Feb. 12th. 19 31

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) ..... yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Observation

(Signed) Eugene Hesspeld, M. D.

, 19 (Address) 205 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cemetery

DATE OF BURIAL 2/15/ 1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

245-45-6

E 65566

HEALTH DEPARTMENT—CITY OF BALTIMORE

157-003 E 65566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-16 (WARD)

2-FULL NAME Baby girl Margaret Miller

(a) RESIDENCE No. 1936 Perlman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5/31

7 AGE: Years ..... Months ..... Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER George Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa —

12 MAIDEN NAME OF MOTHER Eliz - Ensign

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... RCK Registrar

B 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb 13, 1931, that I last saw her alive on Feb 13, 1931, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

congenital heart disease
(Patent ductus Botalli)

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) atelectasis & aspiration
Bronchopneumonia (duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? — At birth.

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) S. C. Goodwin, M. D.

2/14 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery — DATE OF BURIAL: Feb 14 1931

20 UNDERTAKER: Harry N. Armacost & Son — ADDRESS: 429 Ridgewood Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65567

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Collington ST. 1st 13 WARD)

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Regina Kerr

(a) RESIDENCE No. 108 S. Collington ST., 1st WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1871

7 AGE: Years 59 Months 1 Days 14 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Kerr

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hannah C McDonald

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Elizabeth G. Kerr (Address) 108 S. Collington

15 Filed FEB 14 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926 to February 12, 1931, that I last saw h. alive on February 12, 1931, and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus (Cervix)

(duration) 4 yrs. 6 mos 29 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 21, 1926

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) Thomas K. Salmi M. D.

19 (Address) 1129 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 2/14 1931

20 UNDERTAKER J. J. Doran ADDRESS Baltimore

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 65563

CERTIFICATE OF DEATH

E 65563

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 W. Barre ST. 27-30 WARD)

2-FULL NAME Matilda Laskey

(a) **RESIDENCE** No 640 W. Barre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mike Laskey

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Bradunas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Rosie Boulmaitis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mrs. Mike Laskey
(Address) 640 W. Barre St

15 Filed FEB 15 1931 1932 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) August Zellner, M. D. Coroner

19 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Feb 16 1931
20 UNDERTAKER Chas B. Kashauskas	**ADDRESS** 637 S Pac St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

65569

HEALTH DEPARTMENT—CITY OF BALTIMORE

65569

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 58

2. FULL NAME Roseanna Gibbs (or Phillips).

(a) RESIDENCE NO. McElderry St. nr. Aisquith ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry S. Gibbs

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. P. Thompson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) West Indies

12 MAIDEN NAME OF MOTHER Julia Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 DATE RECEIVED FEB 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-31

17 I HEREBY CERTIFY, That I attended deceased from 1-2-31, 19..., to 2-13-31, 19...
that I last saw her alive on 2-13-31, 19...
and that death occurred, on the date stated above, at 12:40 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertension (duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgt. M. D.

2-14 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 2-16 1931

20 UNDERTAKER Miss Chas. G. Bailey — ADDRESS 1421 Jefferson St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Miller 1500 Broadway 6 to 8
Wolf 8 1/90

65570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 65570

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N. Broadway) (WARD 17)

2 FULL NAME George E. Johnson

(a) RESIDENCE No. 1431 N. Broadway WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna M. Johnson

6 DATE OF BIRTH (month, day and year) July 7th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Door-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Theatrical

(c) Name of employer: Fords Theater

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md

PARENTS

10 NAME OF FATHER: John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co. Md

14 Informant: Anna M. Johnson
(Address) 1431 N. Broadway

15 C. HAMILTON JONES, M. D. Registrar

FEB 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-6-1931 to 2-14 1931 that I last saw him alive on 2-14 1931 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Daniel Miller M. D.

2/14/1931 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 2/17/1931

20 UNDERTAKER: Wm. Cook

ADDRESS: 1217 St. Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

Coroner Morrison 5004 Roland Ave

E 65571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65571

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Roland Ave ST., ... WARD)

REGISTERED NO. 77-53

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Rittler

(a) RESIDENCE NO 5004 Roland Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) Wife of~~ Mary M. Rittler

6 DATE OF BIRTH (month, day, and year) Oct 23rd 1877

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) Box
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Rittler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Rittler

(Address) 5004 Roland Ave

15

Filed ..... 192 ..... Registrar

FEB 15 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poison (Suicide)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest Morrison, Coroner, M. D.

2/14. 1931 (Address) 5632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/16/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65572

CERTIFICATE OF DEATH.

11-001

E 65572

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3611 Forest Park Ave ST., 15-61 WARD)

2-FULL NAME Mary Eliza Wisong

(a) RESIDENCE NO. 3611 Forest Park Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Augustus Wisong

6 DATE OF BIRTH (month, day, and year) 1865 Apr 9th.

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

037

9 BIRTHPLACE (city or town) Oxford (State or country) N. C.

PARENTS

10 NAME OF FATHER John Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Martha Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C.

14 Informant Helen W. Hill (Address) 3611 Forest Park Ave.

15 Filed FEB 15 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 12, 1931, that I last saw her alive on Feb 12, 1931, and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Flu.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 3611 Forest Park Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 5912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Feb 16 1931

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65573

E 65573

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mosher ST. ..... WARD)

2—FULL NAME Julia Camilla Gross

(a) RESIDENCE NO. 1419 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept. 18-1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	17	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assisted at home

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James E. Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Daisy J. Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Daisy J. Gross
(Address) 1419 Mosher

15 Filed FEB 15 1931 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1931, to Feb. 12, 1931, that I last saw her alive on Feb. 12, 1931 and that death occurred, on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhagic

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis 4 yrs. 5 mos. 17 ds.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 408 Cathedral St.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical - Sputum

(Signed) Wm. A. Wright, M. D.

2/13, 1931 (Address) 1709 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive

DATE OF BURIAL Feb. 16 1931

20 UNDERTAKER Samuel W. Grand Son

ADDRESS 638 W. Pratt

important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65574

CERTIFICATE OF DEATH.

119 E 65574

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 E. Fairmount Ave. ward 10)

2-FULL NAME Hans Wolfgang Oette

(a) RESIDENCE No 2516 E. Fairmount Ave. St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 2, 1930

7 AGE: Years ..... Months 7 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Hans Oette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie M. Ege

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hans Oette
(Address) 2516 E. Fairmount Ave.

15 Filed ..... 192 ..... Registrar

C. HAMPTON JONES, M. D.

FEB 15 19

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Gastro-Intestinal Indigestion. Cardiac dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Poe (Coroner.) M. D.

Feb 15/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Feb. 16 1931

20 UNDERTAKER Mrs. E. Miller & Son ADDRESS 2037 Jefferson St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75 E 65575

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Hollins ST. 18-24 WARD)

2-FULL NAME JOSEPH CEPAITIS

(a) RESIDENCE NO. 837 Hollins ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. * mos. ds. How long in U. S., if of foreign birth? 21 yrs. * mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): No. 1885

7 AGE 46 Years * Months * Days. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): No.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithvania

PARENTS

10 NAME OF FATHER: Vincent Cepaitis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithvania

12 MAIDEN NAME OF MOTHER: M. Muraskute

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithvania

14 Informant: Vincent Cepaitis
(Address): 644 W Lombard St.

15 Filed FEB 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 13. 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Fracture Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Hemorrhage

(Signed) [illegible], M. D.

[illegible], 19 [illegible] (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb. 16 19 31

20 UNDERTAKER: John Grebliauckas

ADDRESS: 423 S Paca St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 65576

CERTIFICATE OF DEATH

E 65576

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 27-54

2. FULL NAME Bessie Snyder

(a) RESIDENCE No. Belvedere & Greenspring ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): .....

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: .....

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

14 Informant: Sigmund Lambert
(Address): Belvedere & Greenspring

15 Filed FEB 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from November 11, 1930, to February 14, 1931 that I last saw her alive on February 14, 1931 and that death occurred, on the date stated above, at 6 05 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Chr. card. vascular disease

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edmund Levin M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest — DATE OF BURIAL: 2-15 1931

20 UNDERTAKER: Jack Levine, 1739 E. Baltimore St. — ADDRESS: .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

7-13

REGISTERED NO. E 65577

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

2-FULL NAME Irvin Myers

(a) RESIDENCE NO 1512 E. Monument ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11/ 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jamie Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jamie Myers (mother)
(Address) 1612 E. Monument St

15 Filed FEB 15 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis* Ruptured Appendix

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 13/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], Coroner, M. D.

Feb 15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 2/16/31

20 UNDERTAKER Holt & Williams

ADDRESS 1613 Mt Elderry

B

IT may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that

Spec.—9 30—A. & Co.—250 Bks

E 65578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 65578

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 N. Fulton ave ST. 5-21 WARD)

2. FULL NAME Louis Engel

(a) RESIDENCE No. 1922 N. Fulton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 43

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Herman Engel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Engel
(Address) 1922 N. Fulton ave

15 Date ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1930, to Feb. 14, 1931

that I last saw him alive on Feb. 14, 1931

and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of head of pancreas (?)

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Metast. to liver, etc

(duration) yrs. several mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. A. Groomany M. D.

2/15 1931 (Address) 2340 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd — DATE OF BURIAL 2/15 1931

20 UNDERTAKER Sol Silverson - Bac — ADDRESS 112 E Biddle st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 15 1931

Spec.—1-30—M. & T.—250 Bks

E 65579

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 65579

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1509 N Bond ST. 8-17 WARD)

2-FULL NAME Annie Otto

(a) RESIDENCE NO. 1509 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Andrew Otto.

6 DATE OF BIRTH (month, day, and year) Dec 7-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Gable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Hammel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr George A. Otto
(Address) 1509 N Bond St

15 Filed FEB 15 1931 19 ..... H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14-31

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1931, to 2-14, 1931, that I last saw h~~e~~ alive on 2-14, 1931, and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma Sigmoid Colon

(duration) yrs. 6 mos. ..... da.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ..... yrs. ..... mos. 16 da.

18 Where was disease contracted if not at place of death? 1-30-31

Did an operation precede death? Yes Date of 2-12-31

Was there an autopsy? .....

What test confirmed diagnosis? Operation

(Signed) C. W. Peake M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feby 17 1931

20 UNDERTAKER John Ulrich

ADDRESS 2008 Belair

FROM is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65580

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 E 65580

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital St., 4-7 Ward)

2-FULL NAME Anna F. O'Connor.

(a) RESIDENCE NO. 7 E. Franmlin St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widow or widower (or) WIFE of Fergus O'Connor.

6 DATE OF BIRTH (month, day, and year) August 13, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	66	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New Hampshire.
(State or country)

PARENTS

10 NAME OF FATHER James Lariquey.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Coyle.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Fergus O'Connor. (husband)
(Address) 7 E. Franklin St.

FEB 15 1931 Filed HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of femur.
Broncho pneumonia.
Occidental voll down steps.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 7 E. Franklin St.

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto W. Steinhardt M. D.

2/14/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb. 17 1931

20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	805 N. Calvert

4

be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65581

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 65581

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO. 2023 E Fayette ST., 69 WARD)

2-FULL NAME Franklin P. Bennett

(a) RESIDENCE NO. 2023 E Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If (married, widowed, or divorced HUSBAND) of (or) WIFE of Lydia Bennett

6 DATE OF BIRTH (month, day, and year) 2/10/1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 yrs

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Robert Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Nicholas Bennett
(Address) 2023 E Fayette St

15 Filed ..... 19 ..... Registrar

FEB 15 1931 BARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan — 19 29, to Feb 13 — 19 31, that I last saw h— alive on Feb 12 — 19 31, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Cardio-Vascular Dis. (Chronic Myocarditis)

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Frank C Douglas, M. D.

, 19 (Address) 125 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feby 16 19 31

20 UNDERTAKER John Ullrich

ADDRESS 2008 Orleans St

This is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65582

E 65582

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Balto. City Hospitals ward 6-H.O. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bolster (Balster) Stanley G.

(a) RESIDENCE No. 2003 Loney St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rose Bolster

6 DATE OF BIRTH (month, day, and year) Feb 22/62

7 AGE: Years 68 Months 11 Days 25 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) (?) 166

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Bolster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Bangroe (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Rose Castrilli

(Address) 26 N. Lakewood Av

15 Filed 1-15-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/31

17 I HEREBY CERTIFY, That I attended deceased from 1-13-31, 19 to 2-13-31, 19, that I last saw him alive on 2/13, 19 31, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Sigmoid, c Intestinal Obstruction

(duration) yrs. mos. (?) ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1-15-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Kiddle, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT Carmel Cem. DATE OF BURIAL: 2/16 19 31

20 UNDERTAKER: Philip Herwig ADDRESS: 2016 Orleans

FROM is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65583

176

CERTIFICATE OF DEATH.

1 PLACE OF DEATH BALTIMORE CITY HOSPITAL

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 95 Ward)

2 FULL NAME Sabino Raenno

(a) RESIDENCE No. 130 S. Eden St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 45 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75(?)	–	–	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sells ice cream.

(b) General nature of industry, business, or establishment in which employed (or employer) –

(c) Name of employer –

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Sabino Raenno.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Pasquetta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records

(Address)

15 Filed ..... 19 ..... Registrar

151931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1931, to Feb. 13, 1931, that I last saw h. alive on Feb. 13, 1931, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Pancreatitis, acute and chronic

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Biliary calculi

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

2-14-1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb. 17, 1931

20 UNDERTAKER Kendell J. Hippel

ADDRESS 300 N. Calvert

OCCUPATION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65584

93-003

E 65584

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-5 Ward)

2 FULL NAME Thomas Ruggiero

(a) RESIDENCE NO. 244 S. Eden St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 74 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Ruggiero

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19..... Registrar

FEB 15 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from 2-11-31, 19..., to 2-12-31, 19..., that I last saw him alive on 2-12-31, 19..., and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2-[illegible], 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL Feb 16, 1931

20 UNDERTAKER Wendell J. Hoppel — ADDRESS 5000 Eden

OCCUPATION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65585

CERTIFICATE OF DEATH.

131 E 65585

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1121 Division ST. 17-24 WARD)

2-FULL NAME Annie A Heall

(a) RESIDENCE NO. 1121 Division ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. Edward Heall

6 DATE OF BIRTH (month, day, and year) Jan 1864

7 AGE: Years 66 Months 11 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jno. L. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie A Greenlee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie Bond
(Address) 2440 Woodbourne Ave

15 Filed FEB 15 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 5, 1931, to Feby 14, 1931, that I last saw her alive on Feby 14, 1931, and that death occurred, on the date stated above, at 7.25 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletreau, M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/18/1931

20 UNDERTAKER Mrs. Geo. H. Hollar

ADDRESS 1631 David St

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65586

CERTIFICATE OF DEATH

107-001 E 65586

REGISTERED NO. 94-33

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Belt ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie Wiechmann.

(a) RESIDENCE NO. 1403 Belt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wiechmann.

6 DATE OF BIRTH (month, day, and year) May 9, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74.	9.	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Schlisburg.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Marie Zendler

(Address) Linthicum Md.

15 Filed ..., 19... J. HARRISON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.14.31.

17 I HEREBY CERTIFY That I attended deceased from 2.4.31, 19..., to 2.13.31., 19..., that I last saw her alive on 2.13.31., 19..., and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Cardiac Enlargement not known.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Philip B. Fowler, M. D.

2.14.31 19... (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Feb. 16, 1931

20 UNDERTAKER A. Howard Evans 38 ADDRESS E. Fort Ave

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65587

CERTIFICATE OF DEATH.

93-002 65587

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17-24 Ward)

2. FULL NAME James Gordon

(a) RESIDENCE NO. 572 Baker St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Nov. ?, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Nathaniel Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ....., 19 .... C. HAMPTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-31

17 I HEREBY CERTIFY That I attended deceased from 11-24-28, 19.. to 2-13-31, 19.. that I last saw him alive on 2-13-31, 19.. and that death occurred, on the date stated above, at 9:10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home 2 Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Paul Padget M. D.

2-13 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/17/1931

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 131 Druid Hill Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

Theodore J. Lapka

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65588 ✓ E 65588

208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hosp. St. 1-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore J. or Theodor Sapka

(a) RESIDENCE NO. 3642 Boston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecilia Sapka

6 DATE OF BIRTH (month, day, and year): June 16 1897

7 AGE: Years 33 Months 7 Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crane Operator

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town): Poland

(State or country)

PARENTS

10 NAME OF FATHER: Wojciech Sapka

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Bitek

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Cecilia Sapka

(Address) 3642 Boston St.

15 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

*18 CAUSE OF DEATH was as follows: Auto in which he was riding collided with another car

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract. Skull

(duration) yrs. mos. ds.

(Signed) J. J. Crane M. D.

(Coroner)

2/13, 1931 (Address) 2439 Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. Date of Burial: Feb. 16 1931

20 UNDERTAKER: Stephen J. Fratkowski ADDRESS: 1000 S. Kinwood

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65589 X 1144-002 ✓ E 65589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Institute ST. 27-54 WARD)

2-FULL NAME Maude Kane

(a) RESIDENCE No. 12 W. Elm Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur P. Kane

6 DATE OF BIRTH (month, day, and year): Nov. 23rd, 1898

7 AGE: Years 32 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: Chas. E. Kerr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co. Md.

12 MAIDEN NAME OF MOTHER: Annie Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Arthur P. Kane

(Address): 12 W. Elm Ave.

15 Filed FEB 15 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/13 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 19 to 2/13, 1931, that I last saw her alive on 2/13, 1931, and that death occurred, on the date stated above, at 11:40 pm. The CAUSE OF DEATH* was as follows:

Post-Partum Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ashman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stephens Cemetery — DATE OF BURIAL: Feb. 16 1931

20 UNDERTAKER: Frederick Lancaster Sr. — ADDRESS: 7401 Belair Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

65590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 ✓ E 65590

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

2-FULL NAME George Sollenger

(a) RESIDENCE NO. 608 Redwood St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Helping Up Mission

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr. J. M. Hohlbein

(Address) 611 W. Baltimore St.

15 Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 February 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Zellers (Coroner) M. D.

2/14 1931 (Address) 2739 Eastern Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the state....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

Date of Burial Feb. 16, 31

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 E 65591

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4740 Frederick Ave. ST. 28-74 WARD)

2-FULL NAME Hannah Jane Lee

(a) RESIDENCE NO. 4740 Frederick Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Thomas R. Lee

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1857.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER William Hudson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Herbert R. Lee (Son)
(Address) 4740 Frederick Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 13, 1931, that I last saw her alive on Feb 13, 1931, and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Hypertension

indefinite (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Phy Exam

(Signed) J. Y. Kyper, M. D.

, 19 (Address) 3321 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 2/16/31

20 UNDERTAKER Harry N. Mitzke

ADDRESS 4101 Edmondson Ave

FEB 13 1931 HAMILTON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 65592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Oakmont Ave. ST., 27-57 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willetta A. Wollett

(a) RESIDENCE NO. 3616 Oakmont Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Wollett

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1860.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Dorriba

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs. J. J. Whalen
(Address) 3616 Oakmont Ave.

15 Filed FEB 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Feb. 12, 1931, that I last saw her alive on Feb. 12, 1931, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:
arterio Sclerosis
Hypertension
chronic Nephritis
(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) R. G. Michelson M. D.

, 19 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden

DATE OF BURIAL 2/16/31 19

20 UNDERTAKER Harry E. Wetzel

ADDRESS 21 Edmondson Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65593 E 65593

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5510 Emba Ave St., 27 WARD) 11-001 53

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Monaghan

(a) RESIDENCE NO. 5510 Emba Ave St., 11 WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank Monaghan

6 DATE OF BIRTH (month, day, and year) — — 1866

7 AGE Years 65 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Pat Crakey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Monaghan (Address) 3403 Lakeselar Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/13 1931

17 I HEREBY CERTIFY, That I attended deceased from 7/10 1931, to 7/13 1931, that I last saw her alive on 7/13 1931, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows: La Grippe - 7/9 31

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical alone

(Signed) Henry J. Crecy M. D.

7/13 1931 (Address) 1 Deplaine Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Moriah Cem. — DATE OF BURIAL 7/16 1931

20 UNDERTAKER Harley Hess — ADDRESS 1318 E. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 15 1931 — HARRY JONES, M.D. Registrar

1-30—M. & T.—100 B—50L

E 65594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 92-001 ✓ E 65594

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 E. 21st ST ST. 9-46 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T. Ryan

(a) **RESIDENCE** NO ..... Benson, Md ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18/1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	1 2	28 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Benson, Md.

PARENTS

10 NAME OF FATHER Thomas W. Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co., Md.

12 MAIDEN NAME OF MOTHER Mary C. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co., Md.

14 Informant Mary C. Ryan (MOther)
(Address) Benson., Md.

15 Filed FEB 15 1931 16 H. HARVEY C. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure-Valv. Insufficiency

..... (duration) 7 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Benson. Md.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Septic poisoing ~~Furunculosis~~-7 yrs ago

(Signed) J. E. Kaller, M. D. Coroner

Feb 15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	Feb 17, 1931
20 UNDERTAKER	**ADDRESS**
Hartsburg & Gross	Benson, Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 65595

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 65595

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-13 WARD)

2-FULL NAME Frank Cech

(a) RESIDENCE No 1028 N. Castle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29/31

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank Cech

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lillian Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Frank Cech
(Address) 1028 N. Castle St

15 Filed ..... 192 ..... Registrar

B 161931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Congenital Heart

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], Coroner, M. D.

Feb 15/31 (Address) 50 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 16 1931

20 UNDERTAKER Frank Cech Son 1906 — ADDRESS Baltimore

CAUSE OF DEATH IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION may be properly classified in plain terms, so that it may be

Spec.—9-30—A. & Co.—250 Bks.

E 65596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65596

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No 1514 Division St. 604 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C. Jackson

(a) RESIDENCE No. 20 N. Dallas ST., ... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. C. Jackson (Address) 90 Bath St.

15 Filed 4-16-1931 C. HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/14/31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1931, to Feb. 14, 1931 that I last saw him alive on Feb. 14, 1931 and that death occurred, on the date stated above, at 12 05 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary): Undetermined

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

2/14, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 2/17/31

20 UNDERTAKER: J. R. Wilkins

ADDRESS: 1575 N. Eden

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Bks.

Dr Sanderson, 1214 N Carroline St

E 65597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-18 92 1 8

REGISTERED No. E 65597

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1241 E Lanvale St. WARD)

2. FULL NAME Mary Ann Keseling

(a) RESIDENCE No. 1241 E Lanvale St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced, (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Keseling

6. DATE OF BIRTH (month, day, and year) January 8 1839

7. AGE Years 92 Months 1 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At Home

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER William Lawton
11. BIRTHPLACE OF FATHER (city or town) (State or country) England
12. MAIDEN NAME OF MOTHER Helen Hebroyd
13. BIRTHPLACE OF MOTHER (city or town) (State or country) England

14. Informant Emma Keseling
(Address) 1241 E Lanvale St.

15. Filed 2 18 1931 C. H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 15. 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1931 to Feb 15 1931 that I last saw her alive on Feb 14 1931 and that death occurred, on the date stated above, at 12 o'clk. m.

The CAUSE OF DEATH* was as follows:
Dilatation of heart
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) chronic val disease of heart
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?

(Signed) John W Sanderson M. D.
2/15. 1931 (Address) 1204 N Carroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Sion Church, York Co Pa
DATE OF BURIAL 2/17 1931
20. UNDERTAKER Wm Cook
ADDRESS 1217 W Pratt St

TION is very important. See instructions on back of certificates.

FEB 18 1931 HAMP. JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65598

CERTIFICATE OF DEATH.

9 E 65598

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 13 (Ward)

2-FULL NAME Mabel Carroll

(a) RESIDENCE NO. 1713 E. Biddle St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Wm L Carroll

6 DATE OF BIRTH (month, day, and year) May 29 1891

7 AGE 38 Years 39 | Months 8 | Days 17 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Lowrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Wm L Carroll
(Address) 1713 E Biddle St

15 Filed ..... 1931 HANSON LONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931, to Feb. 15, 1931, that I last saw him alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 1 55 a.m.

The CAUSE OF DEATH* was as follows:

(a) Rheumatic Carditis - Vascular Disease (duration) ..... yrs. ..... mos 3 Wks. 5 Ds. hrs.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) ..... yrs. ..... mos. 1 Wks. 2 Ds. hrs.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) Lawrence M. Sera, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Park Wood Cemetery — DATE OF BURIAL Feb 18th 31

20 UNDERTAKER Tom Cook. — ADDRESS 1217 St Paul St

THIS is very important. See instructions on back of certificates.

FEB 19 1931

Hall
1631 E North Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65599

E 65599

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Mc Donough St. 8-17 46 WARD)

2 FULL NAME Annie Siegle

(a) RESIDENCE NO. 1902 Mc Donough St. WARD .....
(Usual place of abode) (If non-resident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Siegle

6 DATE OF BIRTH (month, day, and year) Feb 15 - 1860

7 AGE: Years 70 Months 11 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Out House

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: /

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Michael Pistel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Henry W. Siegle
(Address) 1902 Mc Donough

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 - 1930, to Feb 15 - 1931, that I last saw him alive on Feb - 11 - 1931, and that death occurred, on the date stated above, at 2 A M, and that death occurred, on the date stated above, at 2 A M, on

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Edema Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E Gill Hall M. D.

Feb 15 1931 (Address) 1631 E. North av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 2/17 1931

20 UNDERTAKER: William Cooke

ADDRESS: 1217 Sx lane

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65600

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 65600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST. 70-69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack McCurley

(a) RESIDENCE NO. 2563 Hollens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15, 1936

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2 months	0	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Thelma J Fredson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Lloyd McCurley
(Address) 2563 Hollens St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-31

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1931, to 2-13, 1931, that I last saw him alive on 2-13, 1931, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

9 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home - 2563 Hollens St.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Robt Hewson, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 2/16 1931

20 UNDERTAKER: Fred R. Cole

ADDRESS: 1200 W Lombard

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65601

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓ E 65601

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B. 6-11)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2. FULL NAME Hilda Fleet

(a) RESIDENCE No. 128 N. East st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Fleet

6 DATE OF BIRTH (month, day, and year) May 12, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Chase

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Irene King

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ....., 19 .....

C. HERBERT JONES, M.D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 19 31, to Feb. 13, 19 31 that I last saw her alive on Feb. 13, 19 31 and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Myeloid leukemia

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seiner M. D.

2-14 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson's Exw.

DATE OF BURIAL: 2-16 19 31

20 UNDERTAKER: Byrom & Wright

ADDRESS: 1218 McCulloh St.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65602

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 210-002

E 65602

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Jos Hosp ST. 9-17 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Haefele (HAEFELE)

(a) RESIDENCE NO and Harford Rd ST., Parkville WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 6 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Elk
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Hayward
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Karl Haefele

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Katz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Charles F Haefele

(Address) Old Harford Road, Parkville

FILED E. C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hard Hale

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Old Harford Rd

Did an operation precede death? no Date of County

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H J Frame M. D. Coroner

15 1931 (Address) 39 Gpw Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 16th 1931

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1426 Monument St

FD 102

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65603

131 E 65603

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1526 Baker street

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 15-21 WARD)

2—FULL NAME Benjamin Thomas Spencer

(a) RESIDENCE NO. 1526 Baker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W. col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah E Spence

6 DATE OF BIRTH (month, day, and year): 4/18/1857

7 AGE: Years 74 Months 9 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Thomas Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Salisbury Md.

12 MAIDEN NAME OF MOTHER: .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

14 Informant: Hannah E Spencer (wife)
(Address) 1526 Baker Street

15 Filed ..... 19..... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/13/31

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 1931, to 2/13, 1931, that I last saw him alive on 2/13/31, 19..... and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility
Chr. Nephritis
unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19..... (Address) 632 Baker st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/16 1931

20 UNDERTAKER: Thomas. E Kelson

ADDRESS: 1303 Pennsylvania St

Spec.—0-30—A. & Co.—250 Bks.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

E 65604

HEALTH DEPARTMENT—CITY OF BALTIMORE

95 E 65604

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No Belvedere & Greenspring St. 27-54 (WARD)

2. FULL NAME Moses Rosenstein

(a) RESIDENCE No. Belvedere & Greenspring ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 46 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Yamra Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Feinblatt
(Address)

15 Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-31

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 1931, to 2-15, 1931 that I last saw him alive on 2-15, 1931 and that death occurred, on the date stated above, at 3.50 P.M.

The CAUSE OF DEATH* was as follows:
Chr. cardio vascular disease

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) H Edmund Levin M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Park Road — DATE OF BURIAL 2-16-1931

20 UNDERTAKER Jacob Reiner — ADDRESS 39 E Baltimore St

Per .....

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65605

CERTIFICATE OF DEATH.

71-001

E 65605

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

REGISTERED NO. 21429

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elisha A. ~~Lemman~~ Leman

(a) RESIDENCE NO. 503 Archer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Rebecca Leman

6 DATE OF BIRTH (month, day, and year): Sept. 1861

7 AGE: Years 69. Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country): Harpers Ferry. Va

PARENTS

10 NAME OF FATHER: Wm. A. Leman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: George W. E. Bauman

(Address) 503 Archer St.

15 Filed FEB 16 1931, 19 H. A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931 to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

Aplastic anemia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Congestive myocardial insufficiency (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical, laboratory & autopsy

(Signed) W. H. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Feb. 16, 1931

20 UNDERTAKER: Mr & Mrs. John H. Tempel & Son

ADDRESS: 801 N. Fayette St.

THIS is very important. See instructions on back of certificates.

E 65606

B-30-(1)C M P—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 ✓ E 65606

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1- PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Orleans ST. 5-8 WARD)

2- FULL NAME James Thomas

(a) RESIDENCE No 1126 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 4 mos. 23 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 22/30

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Rose Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Joseph Thomas
(Address) 1126 Orleans

Filed FEB 16 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Gastro intestinal Indigestion
(Toxic Fed)
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Bates, M. D.
Feb 14 1931 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvert Cemetery — DATE OF BURIAL Feb 16 1931

20 UNDERTAKER Edward Bryan — ADDRESS 463 Orleans St.

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-67 93-003

E 65607

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3052 Annah ST. WARD)

2-FULL NAME Birt Washington Dooley

(a) RESIDENCE NO. 3052 Annah ST. WARD _____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Imogene Tiernan Dooley

6 DATE OF BIRTH (month, day, and year) July 27-1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Boiler Inspector

(c) Name of employer B & O. R. R.

9 BIRTHPLACE (city or town) Winchester

(State or country) Va

PARENTS

10 NAME OF FATHER James B. Dooley

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Sarah C Anderson

13 BIRTHPLACE OF MOTHER (city or town) Don't Know

(State or country)

14 Informant James William Dooley

(Address) 3052 Annah ave

15 Filed 6 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1. 1931 to Feb. 14. 1931

that I last saw he alive on Feb. 14. 1931

and that death occurred, on the date stated above, at 6 15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Hypertension.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Based from the

(Signed) Thos. H. Jones, M. D.

(Address) 822 N. Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 2/17/1931

ADDRESS

20 UNDERTAKER Geo. Weber & Son 2503 Edmondson

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65608

CERTIFICATE OF DEATH

97 E 65608

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1412 Hanover St. 23-31 WARD)

2-FULL NAME Alice Mitchell

(a) RESIDENCE No. 1412 Hanover ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion Mitchell

6 DATE OF BIRTH (month, day, and year): May 1 1850

7 AGE: Years 80 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: Marion D. Barnett
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Rose Anna Corkran
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Marion Mitchell
(Address) 1412 Hanover st

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

FEB 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-13-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1931, to Feb 13, 1931
that I last saw him alive on Feb 13, 1931
and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary): Mitral Regurgitation

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical findings

(Signed) H. R. Campbell M. D.

Feb 16 1931 (Address) 164 W Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Feb 17 1931

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Jeanette Brown

E 65609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65609

CERTIFICATE OF DEATH

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

72-30

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Lee St. WARD)

2 FULL NAME Jeanette Brown

(a) RESIDENCE NO. 124 W. Lee ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George G. Brown

6 DATE OF BIRTH (month, day, and year) Aug. 5 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisiana

PARENTS

10 NAME OF FATHER Charles Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant George G. Brown
(Address) 124 W. Lee St

15 Filed FEB 16 1931 19 H. HANSBROUGH, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/31

17 I HEREBY CERTIFY That I attended deceased from 5/10 1930 to 2/13 1931, that I last saw her alive on 2/13 1931, and that death occurred on the date stated above, at 9 15 p m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis
(Uraemia)

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) Chronic yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine +++ Alb.

(Signed) Dan Drucker M. D.

2/14 1931 (Address) 1111 W. Lee

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 16 1931

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65610

CERTIFICATE OF DEATH

1. PLACE OF DEATH Levindale Hebrew Home for Aged. Lapin

REGISTERED NO. 27-54 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring WARD)

2. FULL NAME Esther Puss

(a) RESIDENCE NO. Belvedere & Greenspring ST. WARD (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): 1864

7. AGE: Years 67; Months; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10. NAME OF FATHER: Moses Isaac Poss

11. BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania Russia

12. MAIDEN NAME OF MOTHER: Hinda —

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14. Informant: Sigmund Pentlach (Address): Belvedere & Greenspring

15. Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Feb. 15/31

17. I HEREBY CERTIFY, That I attended deceased from Aug 1929, to Feb 15 1931 that I last saw him alive on Feb 15th, 1931 and that death occurred, on the date stated above, at 6 45 A m. The CAUSE OF DEATH* was as follows:

Chr. Card. Vascular disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Levin M. D.

2/15 1931 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cemetery — DATE OF BURIAL: 2/16 1931

20. UNDERTAKER: Sol Levinson & Bro — ADDRESS: 1627 E Baltimore st

TION is very important. See instructions on back of certificates. It may be properly classified. Exact statement of OCCUPA-

Spec.—1-30—M. & T.—250 Bks.

E 6561 HEALTH DEPARTMENT—CITY OF BALTIMORE E 6561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md. ST 15-21 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Luntz

(a) RESIDENCE No. 1517 N. Payson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harris Luntz

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 83

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Charles Hertz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records (Address): City Health Dept.

15 Filed FEB 16 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16-31

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 19 31, to 2-16, 19 31, that I last saw he alive on 2-15, 19 31, and that death occurred, on the date stated above, at 6.55 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis chronic

Disease ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldman M.D., M. D.

2/16, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew. Rosedale

DATE OF BURIAL: 2/17, 19 31

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65612

CERTIFICATE OF DEATH.

106-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1711 Eastern ave ST 2-4 WARD)

2-FULL NAME Leonora Smiarowski

(a) RESIDENCE NO. 610 S Washington st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ or WIFE of Frank Smiarowski

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 63				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) poland.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) poland.

14 Informant John Smiarowski Son
(Address) 1711 Eastern ave

15 C. HAMPSON JONES, M. D.

Filed ..... 19 ..... Registrar

16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13-1931

17 I HEREBY CERTIFY, that I attended deceased from Feb 12, 1931, to Feb 13, 1931, that I last saw ~~her~~ alive on Feb 13 -, 1931, and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Septic Bronchitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) C & Nausea

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What lab. confirmed diagnosis? Exam.

(Signed) G C S Cades, M. D.

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cemetery — DATE OF BURIAL Feb 17 - 1931

20 UNDERTAKER George A. Weber — ADDRESS 705 S Ann st

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65613 97 E 65613

CERTIFICATE OF DEATH.

18-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 Vine ST. WARD)

2-FULL NAME William Thomas

(a) RESIDENCE NO. 771 Vine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Thomas

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arundel Co Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Charlotte ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co Md

14 Informant Ida Thomas
(Address) 771 Vine St

16 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-13 1931

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1930, to 7-13, 1931, that I last saw him alive on 7-12, 1931, and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Old age

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Percy Stone, M. D.

7/14, 1931 (Address) 729 Cathedral Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Murkirk, Prince George Co Md.

DATE OF BURIAL Jul. 16, 1931

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 3222 Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 6561 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 7 E 6561 4

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N Monroe St. 70-27 WARD)

2. FULL NAME Joseph Parone

(a) RESIDENCE No. 419 N Monroe ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Parone

6 DATE OF BIRTH (month, day, and year): Sept 10 1877

7 AGE: Years 58 Months 2 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): 004

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Carmel Parone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Carmel Parone
(Address) 419 N Monroe

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

FEB 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 31

17 I HEREBY CERTIFY, That I attended deceased from April 10 1930, to Feb 14 1931 that I last saw him alive on Feb 14 1931 and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial degen

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A C Baer M. D.

4/16 1931 (Address) 3901 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 2/17 19 31

20 UNDERTAKER: Geo R Farley Sons

ADDRESS: Fayette

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65615 — CERTIFICATE OF DEATH. — E 65615

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Frederick Hosp St. 1-20 WARD)

2. FULL NAME Beverly Brown

(a) RESIDENCE NO. Harford Co. Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Jan 8, 1931

7 AGE: Years ..... Months 1 Days 37 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Ed. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co

12 MAIDEN NAME OF MOTHER: Priscilla Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Priscilla Brown
(Address): .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 31, to Feb 14, 31, that I last saw h. alive on Feb 14, 31, and that death occurred, on the date stated above, at 8:30 P. m. The CAUSE OF DEATH* was as follows:

Congenital Spina Bifida
Pneumothorax

(duration) ..... yrs. ..... mos. 31 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. B. Higgins M. D.

Feb 16, 1931 (Address) Frederick Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hopkins Chapel Md — DATE OF BURIAL: 2/17 1931

20 UNDERTAKER: geo R Snowden — ADDRESS: Rockville Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 16 1931 HAMILTON JONES, M. D.

1-30—M. & T.—100 B—50L

E 65616

HEALTH DEPARTMENT—CITY OF BALTIMORE

08 E 65616

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 15-58 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara I Stern

(a) RESIDENCE No 3835 Pk Hts Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17/1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saleswoman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hutzler Bros.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Leopold Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger, amny

12 MAIDEN NAME OF MOTHER Rose Hartzberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Saml Fisher
(Address) 3502 Glen Ave

15 ALBERT HAMILTON JONES, M. D.
Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Rheumatic Heart Disease
Mitral Stenosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Observation

(Signed) [illegible], M. D.
Feb 15/31, 19 (Address) 508nE. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chev Shalom Cem.	2/17/1931
20 UNDERTAKER	**ADDRESS**
Baird Sondheimer & Son	1902 Eutaw Place

CAUSE OF DEATH should be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1[illegible]0-29—A[illegible]—10[illegible]Blks.

E 65617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-004

E 65617

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. In front of 24 Market Place. St. 4-6 Ward)

2-FULL NAME Charles H. Lane.

(a) RESIDENCE NO. Pasadena, A. A. Co. Md. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married.

5a If married, ~~WIFE of~~ HUSBAND of ~~XXXXXXXXX~~ Sadie Lane.

6 DATE OF BIRTH (month, day, and year) October 23, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	48	3	22 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

045

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Richard Lane.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Harden.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Talbott Co. Md.

14 Informant Norval H. Lane. (brother)
(Address) 3142 Abell Ave.

15 Filed ....., 19 .. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D.

2/16/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loch Raven.

DATE OF BURIAL Tuesday 2-17-31 19..

20 UNDERTAKER Elmer W. Conklin

ADDRESS .....

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65618

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65618

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 11-24 (WARD)

2 FULL NAME James Sylvester Johnson

(a) RESIDENCE No. 937 Jordan st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27 ?

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Samuel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to Feb. 10, 1931

that I last saw him alive on Feb. 10, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Maurice Tenner M. D.

2-10-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner

ADDRESS

FEB 16 1931

FEB 16 1931

MORGUE

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65619 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65619

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. 3-K WARD)

2. FULL NAME Lawrence Cook

(a) RESIDENCE NO. 1428 Ulrick Alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Apr. 11, 1887

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd jobs

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Greensboro
(State or country) North Carolina

PARENTS

10 NAME OF FATHER Perry Cook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Madelene

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1930, to Feb. 12, 1931

that I last saw him alive on Feb. 12, 1931

and that death occurred, on the date stated above, at 9.10 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seiner M. D.

2-13-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

TION is very important. See instructions on back of certificates.

HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 65620 HEALTH DEPARTMENT—CITY OF BALTIMORE

154

CERTIFICATE OF DEATH.

E 65620

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Front in Sq 7 1st St 14-27 WARD)

2-FULL NAME Baby Schek

(a) RESIDENCE NO. 6 Homewood, Catonsville ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/15/31

7 AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or ..... m.n.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER William Schek

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Rose Lindsay

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs Schek
(Address)

Filed FEB 16 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/31

17 I HEREBY CERTIFY, That I attended deceased from 2/15/31, 19..., to 2/16/31, 19...,
that I last saw him alive on 2/16/31, 19...,
and that death occurred, on the date stated above, at 1:10 A m.

The CAUSE OF DEATH* was as follows:
Prematurity - 6½ months

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. W. Polake M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb 16 1931

20 UNDERTAKER Joseph Sayfer

ADDRESS 1600 W North Ave

FION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65621 — CERTIFICATE OF DEATH. — 13 — E 65621

1-PLACE OF DEATH University Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (NO. Lombard and Green ST., 27th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Cassell

(a) RESIDENCE NO. 2916 Gwendolin Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ or or) WIFE of Charles E. Cassell

6 DATE OF BIRTH (month, day, and year) Aug 1st 1887

7 AGE: Years 43 Months 6 Days 15 — If LESS than 1 day, ... hrs. or ..... min. 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Hatch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Charles E. Cassell
(Address) 2916 Gwendolin Av.

15 Filed FEB 18 1931 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931, to Feb. 15, 1931, that I last saw her alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows: Nephritis, chronic, with edema

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

..... (duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George Yeager, M. D.

, 19 (Address) University Hosp. Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 18 1931

20 UNDERTAKER: Wilbur W. Shriver — ADDRESS: 4130 Edmondson Ave

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 65622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

25-78

E 65622

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Arundel Corporation Fairfield St., ... Ward)

2-FULL NAME Abraham Haliel.

(a) RESIDENCE NO. Unknown St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 14, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49	8	29 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer) Arundel Corporation
(c) Name of employer

9 BIRTHPLACE (city or town) Egypt.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed FEB 16 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a pier.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D.

2/14/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R R Co — DATE OF BURIAL 2-16 1931

20 UNDERTAKER Bernard C Harle — ADDRESS 1040 S Paca St

OF DEATH in plain terms. Any supposed. Any should be stated EXACTLY. PHYSICIANS should state CAUSE important. See instructions on back of certificate. properly classified. Exact statement of OCCUPATION is very

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65623 X 108 E 65623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lurman, Katherine (Katherine)

(a) RESIDENCE NO. Catonsville, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ~~Aug 27 1873~~

6 DATE OF BIRTH (month, day, and year) Aug. 27. 1873

7 AGE: Years 57 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Catonsville
(State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER James W. Lurman

11 BIRTHPLACE OF FATHER (city or town) Catonsville
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Powell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Gertrude C. Lurman
(Address) Colvert Bldg.

15 Filed FEB 16 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/31

17 I HEREBY CERTIFY, That I attended deceased from 2/10, 1931, to 2/16, 1931, that I last saw h. alive on 2/16, 1931, and that death occurred, on the date stated above, at 3 45/A m.

The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Gill, M. D.

2/16 1931 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation London Park Cem.

DATE OF BURIAL 2-17 1931

20 UNDERTAKER Henry W. Jenkins' Sons Co

ADDRESS Orchard ~~McCulloh~~

TIONS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65624

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 65624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. N. Memorial Hospital ST. 7-46 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Crawford R. Harbell

(a) RESIDENCE No. 327 Brooton Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs Crawford Harbell

6 DATE OF BIRTH (month, day, and year) July 3 1896

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Dec

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Harbell (D)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Reaney (D)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Wife
(Address) 327 Brooton Rd.

15 Filed 161931, 19 ..... P.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/31

17 I HEREBY CERTIFY, That I attended deceased from 2/7/31, 19..., to 2/15/31, 19..., that I last saw him alive on 2/15/31, 19..., and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia
acute Myocarditis & decompensation

(duration) ..... yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Streptococcus Hemolyticus Septicemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood cultures, etc.

(Signed) Frances W. Gluck, M. D.

Feb 16 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va.

DATE OF BURIAL Feb 17 1931

20 UNDERTAKER Henry Jenkins Sons

ADDRESS McCulloh & Orchard

...TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65625

131 E 65625

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. West Balto Gen Hosp ST. 13-54 WARD)

2-FULL NAME Howard Mooney

(a) RESIDENCE NO. 1507 Clifton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Norma Edwards Mooney

6 DATE OF BIRTH (month, day, and year): Dec 1-1889

7 AGE: Years 41 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Public Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James M. Mooney

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Sexton

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md.

14 Informant: Mrs Margaret McCormick

(Address) 3512 Hamilton Ave

Filed FEB 16 1931 CHAMPION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/13 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/8, 1931, to 2/13, 1931, that I last saw him alive on 2/13, 1931, and that death occurred, on the date stated above, at 10.45 p. m.

The CAUSE OF DEATH was as follows: Chronic Glomerular Nephritis c Acute Exacerbation

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No Date of:

Was there an autopsy? No

What lesions confirmed diagnosis? Clinical + Lab.

(Signed) H. Ashman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lochudra Cemetery

DATE OF BURIAL: Feb. 17 1931

20 UNDERTAKER: Margaret V. Hynes

ADDRESS: 1400 Light St.

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65626

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH Sacred Heart

CITY OF BALTIMORE: (NO. Caroline & ST. WARD

REGISTERED NO. 7755

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Morris

(a) RESIDENCE NO. 5402 Pk Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	3	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph R. Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie G. Chowning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk Va

14 Informant Jos. R. Morris

(Address) 5402 Park Heights Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-31

17 I HEREBY CERTIFY That I attended deceased from 2-3-31 19 to 2-13-31 19, that I last saw him alive on 2-13-31, 19, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) W B Gleaning M. D.

19 (Address) Sacred Heart

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb 16 1931

UNDERTAKER Margaret J. Ryan

ADDRESS 1422 Light St.

HAMPSON JONES, M. D.

FEB 19 1931

Fees on back of certificates. See instructions on back of certificates. This is very important.

Spec.—1-30—M. & T.—250 Bks.

E 65627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65627

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH University Hosp

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 4-25 WARD)

2-FULL NAME Edna Barlow

(a) RESIDENCE No. 653 Vine ST WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 13-1930

7 AGE: Years ..... Months 4 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER: Addie Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Addie Barlow
(Address): 653 Vine St

15 Filed 1 5 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/14/31

17 I HEREBY CERTIFY That I attended deceased from 2/14/31, 1931 to 2/14/31, 19..., that I last saw her alive on 2/14/31, 19..., and that death occurred on the date stated above, at 11 30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): None (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms.

(Signed) W H Varney, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 2-16 1931

20 UNDERTAKER: Hunt Curtis

ADDRESS 916 Pa Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 65628

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2213 Oak ST. 12-51 WARD)

2-FULL NAME Mary C. Knight

(a) RESIDENCE NO. 2213 Oak ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Patrick Knight

6 DATE OF BIRTH (month, day, and year) Sept 14, 1876

7 AGE: Years 54 | Months 5 | Days ..... | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) , Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Virginia Pearsall (daughter)
(Address) 2213 Oak St

15 Filed FEB 16 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1931

17 I HEREBY CERTIFY That I attended deceased from Jan 2 19 31, to Feb 14, 19 31, that I last saw her alive on Feb 13, 19 31, and that death occurred, on the date stated above, at 2 10 A. m.

The CAUSE OF DEATH* was as follows

Carcinoma of stomach

(duration) Couple yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed ~~diagnosis~~? Physical

(Signed) C J Young, M. D.

2/14 1931 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burkesville Va

DATE OF BURIAL Feb 16 1931

20 UNDERTAKER George F. A. Gibson

ADDRESS 1785 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65629

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 17-26

2. FULL NAME Perry Bedford

(a) RESIDENCE No. 705 Harlem Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Bedford

6 DATE OF BIRTH (month, day, and year) Oct. 15 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 640

(c) Name of employer: Burns & Russell

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Samuel Bedford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary Hamberry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Records of (Address) Balto. City Hosp.

15 Filed 1931 19 ..... Registrar ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from 2-10-31, 19..., to 2-12-31, 19..., that I last saw him alive on 2-12-31, 19..., and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, chronic. (rheumatic) more than (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-13 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DATE OF BURIAL 19

20 UNDERTAKER: ADDRESS

TION is very important. See instructions on back of certificates. ... property changed. Exact statement of OCCUPA-

UNIVERSITY OF MARYLAND
C. HAMPSON JONES, M.D. Commissioner Health
FEB 16 1931
5199 ... WOODALL

Spec.—9-30—A. & Co.—250 Bks.

65630

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 65630

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 47 ..... WARD)

2-FULL NAME Louise Kontell

(a) RESIDENCE No. 304 Bethel Court ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) May 10, 1886

7 AGE: Years 44 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

D 37

9 BIRTHPLACE (city or town) (State or country): Portugal

PARENTS

10 NAME OF FATHER: Junior Georgie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portugal

12 MAIDEN NAME OF MOTHER: Sadie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Portugal

14 Informant: Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 .....
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 3-19-30, 19..., to 2-11-31, 19...
that I last saw her alive on 2-11-31, 19...
and that death occurred, on the date stated above, at 9:45 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Feeblemindedness with Psychosis (duration) more than 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Podgers M. D.

2-12 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: C. HARRISON JONES, M.D. Commissioner Health

ADDRESS FEB 16 1931

Per. Wm. E. Worrell

TION is very important. See instructions on back of certificates.

FEB 16 1931 THE MORGUE.

Spec.—0-30—A. & Co.—250 Bks.

E 65631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65631

1-PLACE OF DEATH Baltimore City Hospitals 5-8 108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... ST. 5 WARD)

2-FULL NAME Richard Abernathy

(a) RESIDENCE NO. 412 N. Eden ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Switchman

(b) General nature of industry, business, or establishment in which employed (or employer): 686

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Munberg Va.

PARENTS

10 NAME OF FATHER: Green Abernathy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ruth Wynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of
(Address): Balto. City Hosp.

Filed ..... 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-31

17 I HEREBY CERTIFY, That I attended deceased from 1-28-31, 19..., to 2-11-31, 19...

that I last saw him alive on 2-11-31, 19...

and that death occurred, on the date stated above at 6:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett M. D.

2-12 1931 (Address) Balto. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

Dr. Wm. E. Wood

TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND
C. HAMPSON JONES M.
THE MORGUE.
FEB 16 1931

Spec.—1-12-23—M&T—500 Bks.

E 65632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65632

CERTIFICATE OF DEATH.

161-0 4 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1948 Annapolis Ave. (ST.) 25-32 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertus Edw. Shearer Jr.

(a) RESIDENCE No. 1948 Annapolis Ave (ST.) ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: wt.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb 7, 1931

7 AGE: Years ..... Months ..... Days 9 8 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Bertus Edw. Shearer Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Grace Viola Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant ✓
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 15, 1931, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 7 20 A m.

The CAUSE OF DEATH* was as follows:
Hemorrhagica Neonatorum

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) ✓
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Augustine P. Vondehul M.D.
(Signed)
4818 Edmondson Ave
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

UNIVERSITY OF MARYLAND
FEB 16 1931
C. HAMPSON JONES, M. D.
Commissioner Health.
FEB 16 1931

1-20—M. & T.—100 B—50L

E 65633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65633

157-063

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1711 Bank ST. 2-4 WARD)

2-FULL NAME Anthony Rutkowski

(a) RESIDENCE NO 1711 Bank St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16/31

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.

8 OCCUPATION OF DECEASED none
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Anthony Rutkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ida Bujanowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Anthony Rutowski (father)
(Address) 1711 Bank St

Filed FEB 16 1931 (192) C. HAMPSON JONES, M. D. Registrar

Bar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Congenital Heart

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Haller, M. D. Coroner

Feb 16/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Mon. DATE OF BURIAL Feb 16 19 31

20 UNDERTAKER John M. Coyle ADDRESS 131 E. Chester St

ATTENTION is very important. See instructions on back of certificate. Exact statement of OCCUPATION may be property classified. Exact statement of DISEASE in plain terms, so that it may be properly classified.

Spec.—9-30—A. & Co.—250 Blks

Agnes Szymborski ✓

E 65634 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65634

CERTIFICATE OF DEATH.

3-1 82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Aliceanna St. ST. ..... WARD)

2. FULL NAME Agnes Szymborski

(a) RESIDENCE NO. 1512 Aliceanna St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Maciej Polek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Rzadlo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Dominik Szymborski
(Address) 1512 Aliceanna St.

15 Filed ..... 19 ..... Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 31, 19 ..., to Feb 14 31, 19 ..., that I last saw h[illegible] alive on Feb 14 31, 19 ..., and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Pepper M. D.

Feb 14 1931 (Address) 591 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Tamalous Cem — DATE OF BURIAL: Feb 17 1931

20 UNDERTAKER: John M Webster — ADDRESS: Chester Md

TION is very important. See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA-

Spec.—0-30—A. & Co.—250 Bks.

Spinnato ✓

E 65635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65635

CERTIFICATE OF DEATH.

2-4-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Gough St. ST. 2-4 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Josephine Spinnato

(a) RESIDENCE No. 1734 Gough St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE: Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecili Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Sam Spinnato
(Address) 1734 Gough St.

15 Filed FEB 16 1931, 19 ..... C. HAMPSON JONES Registrar

APR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 19 31, to Feb 16, 19 31

that I last saw h alive on Feb 15, 19 31

and that death occurred, on the date stated above, at 4 45 a.m.

The CAUSE OF DEATH* was as follows:

Diabetic (Coma)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

Cirrhosis Tuberculosis (duration) yrs. 2 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. N. Meyer Jr. M. D.

2/16/31 (Address) 15 W. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: Feb 18 1931

20 UNDERTAKER: John M. Weber | ADDRESS: Chester

NO

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65636

E 65636

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 West Cross St. 1-24)

2 FULL NAME Charles O. Eney

(a) RESIDENCE No. 1112 West Cross St. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz. Eney.

6 DATE OF BIRTH (month, day, and year) March 31, 1870

7 AGE: Years 60 | Months 11 | Days 16/4 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Delivery Dept.
(b) General nature of industry, business, or establishment in which employed (or employer): Daniel Miller
(c) Name of employer: 586

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: James Eney.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.
12 MAIDEN NAME OF MOTHER: Burton
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Mr. Charles Eney
(Address) 1112 W. Cross St.

15 Filed ..... 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1930, to Feb. 15, 1931, that I last saw him alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis
(duration) ? yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) J. A. Buchness M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 2/19/31, 19

20 UNDERTAKER: John A. Maan — ADDRESS: 3000 E. Baltimore St.

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Bks

E 65637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65637

CERTIFICATE OF DEATH.

107-E 65637

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 638 W. Fayette St. St. 4-25 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth A. Irvin

(a) RESIDENCE No. 638 W. Fayette St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William M. Irvin

6 DATE OF BIRTH (month, day, and year) Mar. 9, 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Joseph Robins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Mrs. Josephine Gippreich
(Address) 638 W. Fayette St.

15 Filed FEB 16 1931 C. HAMPSON JONES, M. D. Registrar
By CKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 31

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1931, to February 14, 1931, that I last saw h[illegible] alive on February 14, 1931, and that death occurred, on the date stated above, at 8[illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. A. X. U. Magar M. D.

Feb. 16 1931 (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity

DATE OF BURIAL 2/17/31

20 UNDERTAKER John A. Monroe

ADDRESS 3000 E. Baltimore St.

TION is very important. See instructions on back of certificate.

Cor.--12-9-25—A Co.—200 Bks.

E 65638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65638

107-09

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Union Memorial Hospital St., _____ Ward)

2-FULL NAME Eugene R Chalk

(a) RESIDENCE NO. 2642 Bernard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8 1893

7 AGE: Years _____ Months 4 Days _____ IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Robert E Chalk

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Viola Cooper

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mrs Chalk

(Address): 2642 Bernard

15 Filed _____ Registrar

C. HAMPSON JONES, M. D.

16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Montague Cole M. D. (Coroner)

2/16, 1931 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death _____ yrs., _____ mos., _____ ds. In the State _____ yrs., _____ mos., _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Hampden

Date of Burial: Feb 17 1931

20 UNDERTAKER: Schumacher & Son

ADDRESS: 3600 Clifton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E.65639 HEALTH DEPARTMENT—CITY OF BALTIMORE E.65639

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St Paul ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Harris Gallagher

(a) RESIDENCE NO. 1001 St Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles R. Gallagher

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Celia Harris

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore Md

14 Informant Hall Hesants
(Address) Baltimore Md

15 FEB 16 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 16th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 9th 1931, to Feby 16th 1931, that I last saw h... alive on Feby 15th 1931, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Emphysema. Chronic

(duration) Many yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Chas W Lawrence M. D.

(Address) 1327 Park Ave

Feby 16 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Feb 18 1931

20 UNDERTAKER Henry Wenkin & Co

ADDRESS Eutaw & Baltimore

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Dr Walter Niblett 2220 Garrison Blvd Liberty 4450

E 65640 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-0 65640

REGISTERED No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4020 Garrison Ave. WARD)

2 FULL NAME Louise Sledge

(a) RESIDENCE No. 4020 Garrison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: Addison Sledge.

6 DATE OF BIRTH (month, day, and year): May 19th 1862

7 AGE: Years 68 Months 8 Days 26 If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: Robert Craig
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Louisa Morrell
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emma Craig
(Address) 22 E. 25th St

15 Filed Feb 18 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 15, 1931, that I last saw her alive on Feb 13, 1931, and that death occurred, on the date stated above, at 4⁰⁰ m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) from history yrs. mos. ds.

CONTRIBUTORY (secondary) ~~Myocarditis~~ acute dilitation (duration) about 1 hr. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter J. Niblett M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 2/17/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

FEB 18 1931

Spec.—1-30—M. & T.—250 Bks.

E 65641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65641

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 27-47 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Preston Heck

(a) RESIDENCE No. 704 Springfield Ave. STR. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 31st 1920

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Preston P. Heck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Aileen Hazelrigg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Preston P. Heck
(Address) 704 Springfield Ave

15 Filed 2/18 1931 19 .....

C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to Feb 16, 1931, that I last saw him alive on Feb 16, 1931, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Otitis media

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? Yes. Culture

What test confirmed diagnosis? Spinal Puncture & Autopsy.

(Signed) George H. Yeager M. D.

2/16, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/18/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65642

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 11-15 WARD)

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leslie Wallace

(a) RESIDENCE No. 712 St Paul ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary E. Wallace

6 DATE OF BIRTH (month, day, and year) Feb 8, 1869

7 AGE: Years 61 Months 0 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer: Schloss Bros & Co

9 BIRTHPLACE (city or town) (State or country): Ill

PARENTS

10 NAME OF FATHER: Iva M. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Lydia B. Wilcox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant: Frank R. Wallace
(Address): Providence R. I.

Filed FEB 20 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 19 31, to Feb. 16, 19 31, that I last saw ~~him~~ alive on Feb. 16, 19 31, and that death occurred, on the date stated above, at 6:15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) George Spaeth, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 2/18/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65643

CERTIFICATE OF DEATH.

131 E 65643

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH German Aged Home Baltimore & Clifton Sts

City of BALTIMORE: (No. German Aged Home St., 104 Ward)

2-FULL NAME Emma E M Hambach

(a) RESIDENCE NO. German Aged Home St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 18 1860

7 AGE: Years 70 Months 7 Days 27 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: August Hambach

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Laura Kepler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: German Home Records

(Address): Balto and Lanson Sts

Filed ..... 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February - 15 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1930, to Feb 14, 1931, that I last saw her alive on Feb 14, 1931, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Valvular Heart disease Mitral stenosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hellen Henning M. D.

2/16 1931 (Address) 2008 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial Feb 17 1931

20 UNDERTAKER: Geo H Cook ADDRESS 1003 W Balto St

C. HAMPSON JONES, M. D.

Registrar

FEB 16 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65644

E 65644

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2755 West Pratt St. (Ward) 15-68 97

2-FULL NAME Charles Maurice Benson

(a) RESIDENCE No 2755 W. Pratt St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer L. A. Benson & Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Dr P. F. Benson

11 BIRTHPLACE OF FATHER (city or town) Somerset Co
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lucy M. Dell

13 BIRTHPLACE OF MOTHER (city or town) New Orleans
(State or country) La.

14 Informant Bertha R. Benson
(Address) 2755 W. Pratt St.

Filed FEB 16 1931 C. HAMPSON JONES, M. D. Registrar
By RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) ..... M. D. Coroner

(Address) Cor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Feb 17 1931

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 W. Balto St.

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65645

CERTIFICATE OF DEATH.

1-28-71

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Sorrento Avenue ST. ..... WARD .....)

2 FULL NAME Frank Fisher, Jr.

(a) RESIDENCE No. 103 Sorrento Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Sussman

6 DATE OF BIRTH (month, day, and year) January 19, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	-	~~27~~ 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Candy Manufacturers

9 BIRTHPLACE (city or town) (State or country) Nashville Tenn.

PARENTS

10 NAME OF FATHER Frank Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Louise Memeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr. Frank Fisher, Sr.
(Address) 103 Sorrento Avenue

Filed FEB 16 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 - 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 - 31, to Feb. 15, 31, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows: Encephalitis Lethargica

(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (secondary) Pneumonia & Coma (duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? None

(Signed) J. Heulesington M. D.
2/16/31 (Address) 11 W Cary St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

20 UNDERTAKER Joseph H. Cook

DATE OF BURIAL Feb. 18 19 31

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

Sper.—9-30—A. & Co.—250 Bks.

E 65646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65646

CERTIFICATE OF DEATH.

57

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1654-E. 25th St. 9-46 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary C. Cronin

(a) RESIDENCE No. 1654-E. 25th ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Cronin

6 DATE OF BIRTH (month, day, and year): 3-20-1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Gloucester Mass

PARENTS

10 NAME OF FATHER: John Hickey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass

12 MAIDEN NAME OF MOTHER: Johanna McGrath

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant: Frank Cronin
(Address): 1654-E 25th St

15 FEB 16 1931 19..

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 9 1930 to February 14, 1931 that I last saw ~~him~~ her alive on February 14, 1931 and that death occurred, on the date stated above, at 1 45 p m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Rheumatoid Arthritis

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests

(Signed) Albert Dingemans M. D.

2/15/1931 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 2/17/31 19..

20 UNDERTAKER: George J. Beatty Inc

ADDRESS: 1725 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65647

CERTIFICATE OF DEATH

✓ 186-001 1-30

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., ... WARD)

2-FULL NAME Sally Armstrong

(a) RESIDENCE No Westminister, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant University Hospital
(Address)

15 1931 C. HAMPSON JONES, M. D. Registrar
War CAH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of neck of right humerus. Accidental Death (over)

(duration) yrs. 2 mos 4 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Agnes Fetter, M. D.
Coroner
2/16, 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminister, Md

DATE OF BURIAL Feb 19 1931

20 UNDERTAKER H. Baukard & Son

ADDRESS Westminister, Md

DEATH CERTIFICATE may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65648

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Agnes Hospital 20-22 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethelbert A. Rusden

(a) RESIDENCE No. West Barrington R.I. ST., 89 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 34 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret L. Rusden

6 DATE OF BIRTH (month, day, and year) Sept 5. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Margaret L. Rusden

(Address) West Barrington R.I.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16-31

17

I HEREBY CERTIFY, That I attended deceased from January, 1931, to Feb 16, 1931,

that I last saw him alive on Feb 16, 1931,

and that death occurred, on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George A. Shurtleff M. D.

2/16. 1931 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Barrington R.I.

DATE OF BURIAL Feb 18 1931

20 UNDERTAKER John O. Mitchell & Son

ADDRESS 1900 Eutaw Place

FEB 17 1931 Filed HARRY H. JONES, M. D. Registrar

Per

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65649

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 65649

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Julian Cheney Home for Incurables

CITY OF BALTIMORE: (No. ..... ST., 9-46 WARD)

2-FULL NAME Mary T. Carey

(a) RESIDENCE No. 625 N. Carrollton Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas F. Carey

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER James Boylan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER A. Murphy

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Mrs. N. Carr
(Address) 625 Carrollton Road

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930, to Feb. 14, 1931, that I last saw h. alive on Feb. 17, 1931, and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ..... yrs. Many mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Obs.

(Signed) Palmer S. Anderson, M. D.

, 19 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent's Cemetery

DATE OF BURIAL Feb. 17 1931

20 UNDERTAKER Mary M. Wadfield

ADDRESS 501 E. 22nd St.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65650

CERTIFICATE OF DEATH

107 E 65650

1—PLACE OF DEATH Home for Incurables REGISTERED NO. 13-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2—FULL NAME Emma E. St. Clair Mrs

(a) RESIDENCE NO. Home for Incurables ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1855

7 AGE: Years 75 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Graduate Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Green County
(State or country) Tennessee

PARENTS

10 NAME OF FATHER Albert L. St. Clair

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bedford Co., Va

12 MAIDEN NAME OF MOTHER Virginia Ann Abbott

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Appomattox Va

14 Informant Hospital Records
(Address)

15 Filed FEB 17 1931 19 SIMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15 1930, to Feb. 16 1931, that I last saw her alive on Feb. 16 1931 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Senility, Aortic sclerosis, Hypertrophic arthritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) F. L. Leitch, M. D.

19 (Address) Pearlstone

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb. 17 1931

20 UNDERTAKER: W. H. Pickner Sons ADDRESS: North St.

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

115-001

E 65651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65651

CERTIFICATE OF DEATH.

REGISTERED NO. 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 33rd & Calvert ST., WARD)

2-FULL NAME Mrs Grace Lisle Gould

(a) RESIDENCE NO. Locust Vale Farm ST., WARD Towson
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of J. Robt Gould

6 DATE OF BIRTH (month, day, and year) Sept 28 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Lisle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Brother Lat Lands
(Address)

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/31

17 I HEREBY CERTIFY, That I attended deceased from February 12, 1931, to February 16, 1931, that I last saw her alive on February 16, 1931, and that death occurred, on the date stated above, at 5.35 P.m.

The CAUSE OF DEATH* was as follows:

Agranulocytic angina

(duration) 0 yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Locust Vale Farm

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Francis W. Flick, M. D.

Feb 16th 1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Feb 18 1931

20 UNDERTAKER Wm Fleckenstein Sons ADDRESS North Eta

C. HAMPTON JONES, M. D.

FEB 17 1931

TION IS very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65652

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH.

E 65652

REGISTERED NO. 1230

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway ST. 7 WARD)

2-FULL NAME Leib, James Fulton

(a) RESIDENCE NO. 308 East 22nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	23	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Western Elec. Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Calder Leib

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Fulton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs James C. Leib

(Address) 308 E. 22nd St

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 12th, 1931, to February 15th, 1931, that I last saw him alive on February 12th, 1931, and that death occurred, on the date stated above, at 6:00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Streptococcus septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Divings, M. D.

19 (Address) Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Feb 17 1931

20 UNDERTAKER Wm Hickey Sons ADDRESS North St

TION is very important. See instructions on back of certificates.

D. 17 1931

HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 65653 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65653

49

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (NO. North Broadway ST. 11-15 WARD)

2-FULL NAME Stokes, Mary

(a) RESIDENCE NO. 11 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clifford G. Stokes

6 DATE OF BIRTH (month, day, and year) Jan 17-18 72

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

PARENTS

10 NAME OF FATHER Stephen McArthur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wheeling W. Va.

12 MAIDEN NAME OF MOTHER Olinda Schupner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wheeling W. Va.

14 Informant Mrs. G. Stokes (husband) (Address) 11 E. Chase St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from September 24, 1930, to February 16, 1931, that I last saw her alive on February 16, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

? Carinoma of ovary

(duration) ..... yrs. ✓ mos ..... ds.

CONTRIBUTORY (Secondary) Abdominal haemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? No biopsy

(Signed) Dan'l E. Hubbard, M. D.

Feb. 24, 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wheeling W. Va. DATE OF BURIAL Feb 17 1931

20 UNDERTAKER Stewart Monroe ADDRESS Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65654

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 E 65654

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 33rd + Calvert STR. WARD 27-52

2-FULL NAME Blanche R Fiske

(a) RESIDENCE NO. 4330 Roland Ave ST., ... WARD Baltimore
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 7-1881

7 AGE 49 Years 4 Months 9 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Registered nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Charles Fiske
11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country) Mass
12 MAIDEN NAME OF MOTHER Roberta Stevens
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Hospital Records.
(Address)

15 Filed ..... 19 ..... Registrar

FEB 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Feb 16, 1931, that I last saw her alive on Feb 16, 1931, and that death occurred, on the date stated above, at 7 5 A m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis
Primary Breast (Left)
(duration) 2 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4330 Roland Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathology Exam.

(Signed) Francis W Wheeler, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 16 1931

20 UNDERTAKER Clement Mountcastle — ADDRESS Balto.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65655

10 E 65655

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 1-1 WARD)

2-FULL NAME Edward Nodalny

(a) RESIDENCE No. 806 So. Steeper ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 21, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mins.
	3	4 5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Nodalny

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Drawinski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Adam Nodalny
(Address) 806 So Steeper St

15 Filed ..... 19 .....

171931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 15, 1931, that I last saw ~~him~~ alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 9 55 p.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 8 ds.

18 Where was disease contracted if not at place of death? 806 So. Steeper St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Throat cultures

(Signed) L. Pete Meranski M. D.

2/16, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

UNDERTAKER Wm Fiaschetti 1618 Eastern

DATE OF BURIAL 2/19, 1931

ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65656

E 65656

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 119 Welcome Alley St., 27-30 Ward)

2-FULL NAME Ella Jones.(C)

(a) RESIDENCE NO. 119 Welcome Alley St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Robert Gregory.(C)
(Address) 119 Welcome Alley.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic Disease of the Heart.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry
(Signed) Otto L. Eisenhardt, M. D.
2/16/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL Feb 18 1931

20 UNDERTAKER Isaiah L. Byrne Sons

ADDRESS 10 & W Monroe

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 1 1931

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65657

E 65657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST. 324 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Kleitman

(a) RESIDENCE NO. 1821 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 52 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: L. Lewis

(Address): 1731 E Balto St

15 Filed FEB 17 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1931

17 I HEREBY CERTIFY That I attended deceased from Jan 15, 1931 to Feb 14, 1931, that I last saw him alive on Feb 14, 1931 and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows: Prostatism

(duration) unknown mos ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 10, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Cashman, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew

DATE OF BURIAL: 2-17 1931

20 UNDERTAKER: Jack Levin

ADDRESS: 1731 E Balto

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65658

194-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. W. Balto Gen Hosp. Ward) 15-65

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marilyn Becker

(a) RESIDENCE NO. 3409 Dalrymple Rd. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 12 1926

7 AGE Years 4 Months 11 Days 16 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Louis Becker

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Rose Phillips

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Louis Becker
(Address) 3409 Dalrymple Rd

15 Filed ..... 193.. H. HANSON JONES, M. D. Registrar

EB 17 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Fracture of Skull resulting from fall on head, (duration) ..... yrs. ..... mos. ..... ds. Sudden

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? If not at place of death? Garage Pim 3914 Lombard Rd.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Fred J. ....., M. D.

Feb 16 1931 (Address) Cor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Park Road — DATE OF BURIAL 2-17-1931

20 UNDERTAKER Jacob Lewis — ADDRESS 1439 E Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65659

CERTIFICATE OF DEATH.

128

E 65659

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ~~Street~~ WARD)

2-FULL NAME John D Webster

(a) RESIDENCE NO. 1407 Smith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma Webster

6 DATE OF BIRTH (month, day, and year) May 24. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Denis Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sally ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Emma Webster.
(Address) 1407 Smith St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5, 19 31, to 2/14, 19 31,

that I last saw h alive on 2/14, 19 31,

and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:
Acute Hemorrhagic Pancreatitis.

(duration) ..... yrs. ..... mos 17 da.

CONTRIBUTORY (Secondary) 2 (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Luther C. Cole M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/18 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Presstman St

TION is very important. See instructions on back of certificates.

Time of burial extended to Feb. 18/31, J. Frederick Stumpel
arch. con. of Balt.

1-30—M. & T.—100 B—50L

E 65660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 65660

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Orleans ST. 5-9 WARD)

2-FULL NAME Mary Fanny Crocker

(a) RESIDENCE No 1429 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Agustus Crocker

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Smithville
(State or country) Va

PARENTS

10 NAME OF FATHER Luke Gregory

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Amanda Boydkin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Shirley Crocker
(Address) 1230 E. Eutaw St

15 FEB 17 1931 File 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) H. C. Cades, M. D. Coroner

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Feb 17 1931

20 UNDERTAKER Lottie Gross — ADDRESS 1408 Ashland Ave

FEE CERTIFICATE OF DEATH is in plain terms, so that it may be property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65661

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 E. Biddle ST. 8-12 WARD)

2-FULL NAME Anna Schmidt John

(a) RESIDENCE No. 2500 E. Biddle St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Philip Schmidt John

6 DATE OF BIRTH (month, day, and year) Not Rec

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm. Morrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Rec

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Rec

14 Informant Mrs Adele M. Schmidt
(Address) 2500 E. Biddle St

15 Filed FEB 17 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/31

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1931, to February 14, 1931, that I last saw h~~e~~er alive on February 14, 1931, and that death occurred, on the date stated above, at 8 ~~P.~~ m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Feb 15, 1931 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer Cemetery

DATE OF BURIAL Feb. 18 1931

20 UNDERTAKER Henry Hoeck Sons Inc.

ADDRESS 1301 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 65662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65662

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute St. Joseph Hospital ST., ... WARD)

2-FULL NAME John N. Stenger

(a) RESIDENCE No St. Joseph Hospital ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rose M. Stenger

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min
About 63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) b
(c) Name of employer St. Joseph Hospital

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John N. Stenger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) n

14 Informant Mrs. Howard L. Fleagle

(Address) 609 E. 35th St.

15

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History Angina Pectoris for several yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], Coroner, M. D.

Feb 16/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feb. 18 1931

20 UNDERTAKER Henry Hoelck Sons Co.

ADDRESS 1016 E. Eager St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 / E 65663

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 13 WARD)

2-FULL NAME Mary Blachowicz

(a) RESIDENCE NO. 809 S. Milton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Martin Blachowicz

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 64 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Housework.

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Michial Marsol.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Martin Blachowicz
(Address) 809 S. Milton Ave

15 Filed FEB 17 19 19 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 15, 1931, that I last saw her alive on Feb 15, 1931, and that death occurred, on the date stated above, at 4:40 A.m.

The CAUSE OF DEATH* was as follows:

Emphysema 7 Gall Bladder
Chronic Bronchitis
Lobular Fibrillation

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus 7

(duration) yrs. mos. 10 hrs.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 1-22-31

Was there an autopsy? no

What test confirmed diagnosis? Phys. Signs + Question

(Signed) [illegible] M. D.

2-17 19 31 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Feb 8 19 31

20 UNDERTAKER F. W. Ozazewski 1930 Eastern Ave

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. ST. 8-12 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Glos

(a) RESIDENCE No. 1107 Luzerne Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6th 1869

7 AGE: Years 61 yrs. Months 7 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Nicholas Glos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Cunegunde Dubroff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

15

17 FEB 17 1931 19 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Feb 15, 1931, that I last saw h. alive on Feb 15, 1931, and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 da.

CONTRIBUTORY (Secondary) Chronic Nephrosclerosis, Interstitial Nephritis (Bright's Disease)

(duration) Lifetime yrs. mos. da.

18 Where was disease contracted if not at place of death? ~~Home~~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Hjalmar S. Anderson, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb. 18th 1931

20 UNDERTAKER: Lilly & Geiler Inc.

ADDRESS: 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—1 [illegible] 501.

E 65665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 65665

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 O'Donnell ST., 1-1 WARD)

2-FULL NAME Andrew Hasenei

(a) RESIDENCE No. 2914 O'Donnell ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Hasenei

6 DATE OF BIRTH (month, day, and year) July 17 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank Hasenei

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Crescentia Whetener

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Anna Hasenei Molloy
(Address) 2914 O. Donnell St

15 Filed ..... 192 ..... Registrar

B 171931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Gas Poisoning 1 hr. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Eades, M. D. Coroner

19 (Address) 436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL Feb. 18 1931

20 UNDERTAKER Lilly + Zeller Inc.

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH MUST be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 65666 E 65666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 E. 38th St. St. 9-46 131 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Geo. L. La Domus

(a) RESIDENCE No. 531 E. 38th St. St. ..... WARD ..... (If non-resident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha La Domus

6 DATE OF BIRTH (month, day, and year) Feb. 9/1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jewelry

(b) General nature of industry, business, or establishment in which employed (or employer) Repairman

(c) Name of employer S. Kirk & Son

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. F. La Domus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sarah E. Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martha La Domus
(Address) 531 E. 38th St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14/31

17 I HEREBY CERTIFY, That I attended deceased from 2-6-31 to 2/14 1931 that I last saw him alive on 2/14 1931 and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller M. D.

2/16 1931 (Address) 1 S. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 2/17 1931

20 UNDERTAKER Philips Funeral

ADDRESS 201 Cathedral

CAUSE OF DEATH must be properly established. Place statement of OCCUPATION in plain terms, so that it may be properly coded. See instructions on back of certificates.

BY THOS. L. JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 65667

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65667

CERTIFICATE OF DEATH.

20-10 15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 263 S. Hilton ST. 20 WARD)

2-FULL NAME Janie Maria Webb Smith

(a) RESIDENCE NO. 263 S. Hilton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Smith

6 DATE OF BIRTH (month, day, and year): Jan. 16, 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Matthew Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriet Fyles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Henrietta Dorsey
(Address) 263 Hilton St

15 Filed ..... 19 ..... Registrar

C. FRANCIS JONES, M. D.

2 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16-1931

17 I HEREBY CERTIFY, That I attended deceased from 2-1-, 1931, to 2-16-, 1931, that I last saw her alive on 2-16-, 1931 and that death occurred, on the date stated above, at 11 40 a m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia, Empyema,
(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. L. Jackson, M. D.

2/17 1931 (Address) Green Lanes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery

DATE OF BURIAL: Feb 17, 1931

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS 3224 Schroeder St.

TION is very important See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Lucy Hyman

E 65668 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65668

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 829 W Mulberry ST. (WARD) 18-26

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Hyman

(a) RESIDENCE NO. 829 W Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ned Hyman

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE 83 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

82

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Ft Armsdale
(State or country) Md

PARENTS

10 NAME OF FATHER Lewen Nash

11 BIRTHPLACE OF FATHER (city or town) Ft Armsdale
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant Martha Hyman
(Address) 829 W Mulberry St

Filed FEB 17 1931, 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 3, 1931, to Feby 15, 1931, that I last saw her alive on Feby 15, 1931, and that death occurred, on the date stated above, at 6.20 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Nephritis
(duration) [illegible] yrs. [illegible] mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure
(duration) ..... yrs. ..... mos. ..... ds.

18 Was disease confined to this place if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. H. Howell, M. D.

Feb 17, 1931 (Address) 1 W Cardelow Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Feb 18, 1931

20 UNDERTAKER Mrs Kate R Williams — ADDRESS 322 N. Schroeder St.

Spec.—1-30—M. & T.—250 Bks.

E 65669 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65669

107-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 W. Lexington ST. 18-Ho WARD)

2-FULL NAME Mary Eckert

(a) RESIDENCE No. 1206 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Eckert

6 DATE OF BIRTH (month, day, and year) Mar 8, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk, Va.

PARENTS

10 NAME OF FATHER John Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk, Va.

12 MAIDEN NAME OF MOTHER W Raffie Anne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk Va

14 Informant Powell Eckert
(Address) 1206 W. Lexington St

15 Filed ....., 19 .....

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 13, 1931, that I last saw her alive on Feb 10, 1931, and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Senility, Tracheobronchitis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) H. Marcellus Williams, M. D.

2-17 1931 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Feb. 17, 1931

20 UNDERTAKER Mrs. Katie R Williams

ADDRESS 322 N. Schroeder St.

Spec.—1-30—M. & T.—250 Bks.

E 65670

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-201 E 65670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2806 Grindon Ave ST. 27-44 WARD)

2-FULL NAME Martin Ludwig

(a) RESIDENCE No. 2806 Grindon Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma Ludwig

6 DATE OF BIRTH (month, day, and year) Apr 8-1866

7 AGE: Years 64 Months 10 1 Days 7 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Emma Ludwig
(Address) 2806 Grindon Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 15, 1931, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Est Hemiplegia)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? 0 Date of .....

Was there an autopsy? 0

What test confirmed diagnosis? 0

(Signed) Claud Smith, M. D.

2/14/31 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Feby 18, 1931

20 UNDERTAKER John Ullrich

ADDRESS 8008 Belair

FEB 17 1931 HAMILTON JONES, M. D.

THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65671

146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Eastern Ave ST. 237 WARD)

2-FULL NAME Mary Virginia Thomas

(a) RESIDENCE No. 5209 Eastern Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Earl E Thomas

6 DATE OF BIRTH (month, day, and year) Apr 23 - 1907

7 AGE Years 26 Months 9 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Edward Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Earl E Thomas

(Address) 5209 Eastern Ave

15 Filed FEB 17 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-10-31, 19..., to 2-17-31, 19..., that I last saw h. alive on 2-17-31, 19..., and that death occurred, on the date stated above, at 6 am m.

The CAUSE OF DEATH* was as follows: Septicemia Puerperal

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pneumonia lobar

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 2-11-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical Co

(Signed) J B Hundley, M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

over

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martins Ferry Ohio

DATE OF BURIAL Feby 17 1931

20 UNDERTAKER John Ullet

ADDRESS 2008 Orleans

FEB 17 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65672

HEALTH DEPARTMENT—CITY OF BALTIMORE

93005 E 65672

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 3-4 ..... Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Praglerski (Praglowski)

(a) RESIDENCE No. 1519 Eastern Ave. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 66 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 1
(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Patro Praglowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Eva ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ..... C. HAMPSON JONES, M. D., Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-12-31

17 I HEREBY CERTIFY, That I attended deceased from 4-23-29, 19..., to 2-12-31, 19... that I last saw him alive on 2-12-31, 19... and that death occurred, on the date stated above, at 5:05 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam

(Signed) Paul Podgat M. D.

2-13, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Feb. | DATE OF BURIAL: 17 19 31

20 UNDERTAKER: Robert C. Miller 2438 | ADDRESS: Oliver

FEB 17 1931

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65673

CERTIFICATE OF DEATH.

107

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 608 Warner ST. 22-30 WARD)

2-FULL NAME Helen Dolores Austin

(a) RESIDENCE NO. 608 Warner ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov-12-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	2	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sulling ... Maryland

PARENTS

10 NAME OF FATHER: Edward Austin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bedford Co. Virginia

12 MAIDEN NAME OF MOTHER: Helen Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bedford Co. Virginia

14 Informant: Edward Austin
(Address) 608 Warner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/31

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1931, to 2/15, 1931, that I last saw he alive on 2/15, 1931, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
Pneumonia
(Primary)
(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of no.

Was there an autopsy? —

What test confirmed diagnosis? University Clinic

(Signed) Don Drummond, M. D.

2/16, 1931 (Address) 1111 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: February 17 1931

20 UNDERTAKER: Joseph A Lively — ADDRESS: 40 & 42 Mount st

B 15 17 1931 19 ..... Registrar

HAYDEN JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-01 E 65674

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1288 Battery Ave. (St.) Gal-33 (WARD)

2-FULL NAME Augusta Winkelman

(a) RESIDENCE No. 1288 Battery Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 55 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Winkelman

6 DATE OF BIRTH (month, day, and year): May 1-1833

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	97	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Samuel Williams
(Address) 1288 Battery Ave

15 Filed ..... 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Feb. 14, 1931, that I last saw her alive on Feb. 14, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. Wheldle M. D.

4/16 1931 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb. 17 1931

20 UNDERTAKER: Warren D. Hyman — ADDRESS: Light St.

TION is very important. See instructions on back of certificates.

B 17 1931

Cor.—10-10-29—A Co.—100 Bks.

65675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

E 65675

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 574 W. Preston St., 17-24 Ward)

2-FULL NAME Emory Effers

(a) RESIDENCE NO. 574 W Preston St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not

6 DATE OF BIRTH (month, day and year): Jan 11-1950

7 AGE: Years _____ Months 2 Days 3 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town): Balto Md
(State or country)

PARENTS

10 NAME OF FATHER: Raymond Johnson

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Estella Effers

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country)

14 Informant: Estella Effers
(Address): 574 W Preston

15 Filed _____ 19 _____ C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted? Home
If not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Autopsy
(Signed) [illegible], M. D.
19 (Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/17 1931

20 UNDERTAKER: Thomas E. K. Lson

ADDRESS: 1303 Pressman

NOTE—Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Copy Granted

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65676

133 E 65676

CERTIFICATE OF DEATH

1-PLACE OF DEATH South Baltimore General Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-12 WARD)

2-FULL NAME Edna Dunn

(a) RESIDENCE NO. 838 Patterson Park Ave ST. (North) WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Dunn

6 DATE OF BIRTH (month, day, and year) Feb 28, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Johns Hopkins Hospital

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Whalen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thomas Dunn

(Address) 838 Patterson Park

15 Filed ..... 19.. C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Feb 16, 1931, that I last saw h. alive on Feb 16, 1931, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Bilateral pyonephrosis

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia; pulmonary edema (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical records

(Signed) Wm J Sullivan, M. D.

, 19 (Address) So. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 19 1931

20 UNDERTAKER Frank Coachton 1406 Wilkens

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65677

107-801 E. 65677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 7-11 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hartman

(a) RESIDENCE NO. 503 N. Ellwood Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1930

7 AGE: Years 11 weeks 0; Months 2; Days 17; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER William F. Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hayfield Co.

12 MAIDEN NAME OF MOTHER Margaret McNeil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. F. Hartman
(Address): 503 N. Ellwood Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931, to Feb. 16, 1931, that I last saw he alive on Feb. 16, 1931, and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(duration) ..... yrs. ..... mos 8 da.

CONTRIBUTORY (Secondary) Cardiac dilatation
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL 2/19/31 19

20 UNDERTAKER John A. Moran

ADDRESS 300 E. Baltimore St.

TION is very important. See instructions on back of certificates.

B 171931

Cor.—10-10-29—A Co.—100 Bks.

65678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

E 65678

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp St., 10-13 Ward)

2-FULL NAME Harry Roles

(a) RESIDENCE NO. 925 N. Eden St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

6 DATE OF BIRTH (month, day, and year) Dec 5 1878

7 AGE 52 Years 53 Months 2 Days 8 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mary E. Roles
(Address) 925 N. Eden St.

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) _____

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? Yes at Providence Hosp

What test confirmed diagnosis? Autopsy

(Signed) H. C. Hull, M. D.

Feb 14 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cashmere Cemetery — DATE OF BURIAL Feb 17 1931

20 UNDERTAKER Wm. R. M. Elliott — ADDRESS 1726 Eastlandon

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7 1931

Spec.—1-30—M. & T.—250 Blks

Body claimed by permission J. A. Gary M.D.

E 65679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65679

CERTIFICATE OF DEATH.

161-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 69 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Schmitt

(a) RESIDENCE No. Church Home & Infirmary STREET WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): New born.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 15-31

7 AGE: Years ____ Months ____ Days ____ If LESS than 1 day 17 hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — nd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER William Schmitt.

11 BIRTHPLACE OF FATHER (city or town) Heidelberg
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mildred E Twice.

13 BIRTHPLACE OF MOTHER (city or town) Queen Ann.
(State or country) Maryland.

14 Informant William Schmitt.
(Address) 909 Ave T. Brooklyn NY

Filed FEB 17 1931, 19 C. HAMPSON JONES, M. D. Registrar

By ABH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931 to Feb 16, 1931, that I last saw him alive on Feb 16, 1931, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

atelectasis in New born.

(duration) ____ yrs. ____ mos 12 hrs.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy.

(Signed) Richard C. Cumming, M. D.

Feb 16 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Church Home & Infirmary

DATE OF BURIAL: FEB 17 1931

20 UNDERTAKER: Commissioner Health.

ADDRESS

SEE ON B. WOODALL

TION is very important. See instructions on back of certificates.

Spec. T. 1-30—M. & T.—250 Bks

E 65680

214696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65680

CERTIFICATE OF DEATH.

159

16-23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 6 WARD)

2-FULL NAME Baby Boy Boone.

(a) RESIDENCE NO. 1204 Druid ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Baby

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	3 weeks	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Sweeney Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Caldonia Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Parents
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Feb 17 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12/31

17 I HEREBY CERTIFY, That I attended deceased from January 20, 1931, to February 12, 1931; that I last saw him alive on February 12, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity & bronchitis

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? None

(Signed) Robert O. G. Wenner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 17 1931

ADDRESS

20 UNDERTAKER

FOR WM. K. WOODALL

THIS is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

(Naumann)

E 65681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65681

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 7-13 WARD)

2-FULL NAME William Naumann

(a) RESIDENCE NO. 706 N. Register Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): child

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6-1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry J. Naumann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Ella Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Ella Naumann
(Address) 706 N. Register Ave

Filed FEB 17 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30-, 1931, to Feb-16, 1931, that I last saw him alive on Feb. 16th, 1931, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Emphysema

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2/12/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lawrence M. Serra, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem

DATE OF BURIAL: 2-18 1931

20 UNDERTAKER: L. J. Rauch

ADDRESS: 6405 Seffner

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65682 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65682

CERTIFICATE OF DEATH.

27-56 108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4904 Elmer Ave ST., 27 WARD)

2-FULL NAME Jeane Marie Goodrich

(a) RESIDENCE No. 4904 Elmer Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/15/30

7 AGE Years | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Emory W Goodrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Marie Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Emory Goodrich
(Address) 4904 Elmer St.

15 Filed Feb 17 1931 C. HAMPSON JONES, M. D. Registrar
By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 16, 1931, that I last saw he alive on Feb 16, 1931, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 5 ds.

CONTRIBUTORY (Secondary) —
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Smith, M. D.

Feb 17, 1931 (Address) 4209 Gaither Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenbeck Gilmore | DATE OF BURIAL 2/18/1931

20 UNDERTAKER J. H. Haley & Sons | ADDRESS 131 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Elmer G. Shilling

E 65683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65683

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 19-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shilling, Elmer G.

(a) RESIDENCE NO. 1424 McHenry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Shilling

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1887

7 AGE: Years 43 Months 1 Days 14 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Welder 073

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R Shops

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George H. Shilling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ehler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Lillian Baker
(Address) 1530 W. Lexington St.

17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/31

17 I HEREBY CERTIFY, That I attended deceased from 2/9, 1931, to 2/13, 1931, that I last saw him alive on 2/13, 1931, and that death occurred, on the date stated above, at 1 15/p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical Findings and Path. Lab.

(Signed) Charles E. Gill M.D.

2/13 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pattison's Cem. — DATE OF BURIAL Feb. 15 1931

20 UNDERTAKER Easton Son — ADDRESS Ellicott City

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

65684 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 65684

CERTIFICATE OF DEATH

REGISTERED No. 13-59
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. or ward)

2. FULL NAME George A. Parker.

(a) RESIDENCE No. 2438 Woodbrook Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Selma Parker

6 DATE OF BIRTH (month, day, and year): April 1886

7 AGE: Years 44 Months 10 Days ____ If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Phillip Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jessie Parker
(Address): 2438 Woodbrook

15 Filed FEB 18 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1931, to 2-17, 1931, that I last saw him alive on 2-17, 1931, and that death occurred, on the date stated above, at 7:20 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler M. D.

2/18/31 (Address) 4207 N. Carline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 2/21/1931

20 UNDERTAKER: Mr. George H. Holland

ADDRESS: 1630 D Hill

TION is very important. See instructions on back of certificates.

D 1 8 1931

[illegible] HAYDEN JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 65685 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65685

CERTIFICATE OF DEATH 147

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun ST., 27-41 WARD)

2-FULL NAME Mrs. Emma Roeder

(a) RESIDENCE NO. 4511 Frankford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L Roeder

6 DATE OF BIRTH (month, day, and year) Dec 21-1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. Stuckrath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Barbara Hoffbeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Henry L Roeder
(Address) 4511 Frankford Ave

Filed 1-7-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 19 31, to Feb 15, 19 31, that I last saw her alive on Feb. 15, 19 31, and that death occurred, on the date stated above, at 1:25 P.m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure
Hypertensive Cardio
Vascular renal disease
(duration) yrs. mos 2 days

CONTRIBUTORY (Secondary) Pregnancy
(duration) yrs. mos 34 weeks days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2-15-31

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) C. W. Blake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Ce

DATE OF BURIAL 2-18 1931

20 UNDERTAKER L. J. Ruch

ADDRESS Sefton Ce

THIS is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65686 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-61 93-E 65686

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3335 Gwynns Falls Parkway ST. 15 WARD)

2. FULL NAME Bernhardt M. Ockelmann

(a) RESIDENCE No. 3335 Gwynns Falls Parkway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Ockelmann

6 DATE OF BIRTH (month, day, and year) April 13, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hamburg
(State or country) Germany

PARENTS

10 NAME OF FATHER August Ockelmann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Riege

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss Otillia Ockelmann
(Address) 3335 Gwynns Falls Parkway

15 Filed 17 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb 16, 1931

that I last saw him alive on Feb 15, 1931

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

acute pancreatitis, mf/kidneys
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) arteriosclerosis - myocarditis
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical & Laboratory

(Signed) Walter S. Niblett M. D.

2/17 1931 (Address) 2220 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb. 18 1931

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65687

98

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 18-76 WARD)

2-FULL NAME Jane Carr

(a) RESIDENCE No. 870 W Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Rosebey M Carr

6 DATE OF BIRTH (month, day, and year) July 10-1878

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52.	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: 037

9 BIRTHPLACE (city or town) (State or country): Cumberland, Md.

PARENTS

10 NAME OF FATHER: Robt Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Maude R Belmont
(Address) 870 W Fayette St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931 to Feb. 17, 1931, that I last saw her alive on Feb. 17, 1931, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:
Surgical shock — following amputation of right leg for arterio-sclerotic gangrene
(duration) ..... yrs. ..... mos 1½ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Feb. 16, 31

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) George J. Snoops, Jr. M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eckhart Hill Cem Eckhart Mine Md

DATE OF BURIAL: 2/20/1931

20 UNDERTAKER: Cumberland Md John Howard & Son

ADDRESS: 90 N Gallows St.

FILED 17 1931 C. HAMPSON JONES, M. D. Registrar

FION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 65688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65688

CERTIFICATE OF DEATH.

108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital ST 20-69 WARD)

REGISTERED No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Stitzenberger

(a) RESIDENCE No 2303 Edmondson Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 94 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~Husband's Name~~ Stepfather WIFE of William Stitzenberger

6 DATE OF BIRTH (month, day, and year) Jan 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER John Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Maske

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

B 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/31

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1931 to 2-17, 1931 that I last saw him alive on 2-17, 1931 and that death occurred, on the date stated above, at 5 50 A m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko M. D.

2/17, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa

DATE OF BURIAL 2/17/1931

20 UNDERTAKER Geo. W. Bur & Son

ADDRESS 2303 Edmondson

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65689

CERTIFICATE OF DEATH.

11-15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. Madison ST. ..... WARD)

2-FULL NAME James Madison Chelf

(a) RESIDENCE NO. 108 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. --- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Whitescarver

6 DATE OF BIRTH (month, day, and year) April 18, 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	92	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ------
(State or country) Virginia

PARENTS

10 NAME OF FATHER Elias Chelf

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Rebecca Smith

13 BIRTHPLACE OF MOTHER (city or town) -------
(State or country) Virginia

14 Informant Mrs. Susan P. Barry
(Address) 108 E. Madison Street

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16. '31

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb. 16, 1931, that I last saw him alive on Feb. 16, 1931, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Influenza (duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) John S. Bishop, M. D.

2-17, 1931 (Address) 126 E. 26th Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 2/18 1931

20 UNDERTAKER Wendy & Mears and Son — ADDRESS 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec.—9-20—A. & Co.—250 Bks

E 65690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65690

CERTIFICATE OF DEATH.

5703 Hayford

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3021 Mary Ave 27-43 ST. WARD

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Martin Feber

(a) RESIDENCE No. 3021 Mary Ave ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie E.

6. DATE OF BIRTH (month, day, and year) Feb 28 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	66	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

045

9. BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS
10. NAME OF FATHER George Feber
11. BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania
12. MAIDEN NAME OF MOTHER Catherine Beeling
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14. Informant Mary Coekley
(Address) 3021 Mary Ave

15. Filed ..... 19 ..... Registrar

C. HARRISON BARNES, M. D.

17 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 16 31

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1930 to 2/16 1931
that I last saw him alive on 2/16 1931
and that death occurred, on the date stated above, at 9.30 P.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Rectum
9
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ..... Nursing Home
Did an operation precede death? yes Date of ?
Was there an autopsy? no
What test confirmed diagnosis? Clinical etc
(Signed) Wm Golby M. D.
19 (Address) 5102 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL 2/19 1931
20. UNDERTAKER: W M Cook — ADDRESS 2175 Penn

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital - ST. 70-69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thompson Lane

(a) RESIDENCE No. 411 Millington Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married —

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Helen Gail Thompson

6 DATE OF BIRTH (month, day, and year) July 31st 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29 years	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Washer

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Fulton Laundry

9 BIRTHPLACE (city or town) (State or country) St Marys Co. Md

PARENTS

10 NAME OF FATHER Wm Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Mary Golden Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Mary Thompson
(Address) 411 Willington Lane

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7-1931, 19..., to Feb-17-, 1931, that I last saw h.. alive on Feb-17-, 1931, and that death occurred, on the date stated above, at 10.55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Suppurative Otitis media associated with meningitis involvent - complicated & probable brain abscess -

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Respiratory Failure (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes - Date of 1/8/31 - 2/10/31

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M B Kennedy, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	2/20/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-80—M. & T.—250 Bks.

E 65692

HEALTH DEPARTMENT—CITY OF BALTIMORE

#6 E 65692

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave ST., 17-19 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Virginia Robey

(a) RESIDENCE NO. 302 E 20th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 27th 1853

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Authorizer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: O'Neill & Co

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Chas. Robey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Esther Kiezer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Emma Thorpe
(Address) 4032 Park Heights Ave.

15 Filed 1-7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14 1930, to Feb. 17, 1931, that I last saw her alive on Feb 17, 1931, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of gall bladder with metastasis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 12-11-30.

Was there an autopsy? yes.

What test confirmed diagnosis? Pathological examination at autopsy confirming

(Signed) [illegible], M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 2/17/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

B

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65693

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 ✓ E 65693

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 227 N. Calvert St. St., 746 Ward)

2-FULL NAME William T. Reid.

(a) RESIDENCE NO. S. W. Cor. Ellerslie & Belle Terre Aves. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ——— How long in U. S., if of foreign birth 75 yrs. ——— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower.

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE OF~~ Mary Ann Reid.

6 DATE OF BIRTH (month, day, and year) June 30, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	80	7	~~16~~ 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore News Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Scotland.
(State or country)

PARENTS

10 NAME OF FATHER Alexander Reid.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland.

12 MAIDEN NAME OF MOTHER Elizabeth Taylor.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland.

14 Informant Arthur M. Reid. (son)
(Address) 502 Anneslie Rd.

17 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.

Myocardial Insufficiency.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hemhardt, M. D.

2/17/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb 19 1931
20 UNDERTAKER	**ADDRESS**
Chas. G. Black & Son	Worth Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

11-001

E 65694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65694

CERTIFICATE OF DEATH

REGISTERED NO. 37-53

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3424 Roland Ave. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sally J Tracey

(a) RESIDENCE NO. 3424 Roland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Tracey

6 DATE OF BIRTH (month, day, and year) July 10 1858

7 AGE Years 72. Months 7 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Abealom Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Irene Bagg

(Address) 3424 Roland Ave

15 FILED 17 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1931, to Feb 17th, 1931, that I last saw h e alive on Feb 17th, 1931 and that death occurred, on the date stated above, at 11 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

36 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical Findings

(Signed) B. F. Freedle, M. D.

Feb 17, 1931 (Address) 3614 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Balto

DATE OF BURIAL Feb 19 1931

20 UNDERTAKER The nowak Son

ADDRESS 3617 Chestnut Ave

Important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65695

E 65695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 6 Calvert ST., ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Dorweis

(a) RESIDENCE No. 303 Scott ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Caroline Dorweis (nee Krata)

6 DATE OF BIRTH (month, day, and year) Sept. 2, 1863

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Eckhardt Dorweis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Claus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Caroline Dorweis
(Address) 303 S. Fulton Ave.

15 Filed ..... 19 ..... Registrar

B 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 1-12-31, 19..., to 2-17-31, 19..., and that I last saw him alive on 2-17-31, 19..., and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
Gangrene Left leg

(duration) ... yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Diabetes
(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2-12-31

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) M B Hendricks, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/20/31

20 UNDERTAKER Harry H. Witzke 4101

ADDRESS Edmonson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65696

106E 65696

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Evesham Ave. ST. 27-48 WARD)

2-FULL NAME Charles Glaser

(a) RESIDENCE NO. 606 Evesham Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanore Glaser

6 DATE OF BIRTH (month, day, and year) May 15, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Karl Glaser.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Amalia Dambmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Eleonore Glaser
(Address) 606 Evesham Ave

15 F... C. HAMPSON JONES, M. D. Registrar

FEB 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to Feb. 17, 1931, that I last saw him alive on Feb. 17, 1931, and that death occurred, on the date stated above, at 5^05 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) D. E. Cole, M. D.

2-17, 1931 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lindenwood Cemetery — DATE OF BURIAL: Feb 19 1931.

20 UNDERTAKER: Stewart & Connelly — ADDRESS: Dallo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 65697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 93-0 E 65697

1-PLACE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2917 Alvarado Sqe., Parkville 45-21 WARD)

2-FULL NAME MARY KATHERINE THOMAS

(a) RESIDENCE No. 2015 N. Pulaski St. ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of David Reese Thomas

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg, W. Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Albert Thomas
(Address) 2917 Alvarado Square.

15 C. HAMPSON JONES, M. D.
Registrar

18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 16, 1931, that I last saw her alive on Feb 16, 1931, and that death occurred, on the date stated above, at 6:12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 2015 Pulaski St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Alice Stokes, M. D.

2/17 1931 (Address) Maple Ave & Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb 18, 1931

20 UNDERTAKER: Frederick Lucas & Son — ADDRESS: 7401 Belair Rd.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 65698

REGISTERED NO. 18-96

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 W. Mulberry St. & WARD)

2 FULL NAME Aubrey Butler Peal

(a) RESIDENCE NO. 930 W. Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Aa

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Calvin Peal

6 DATE OF BIRTH (month, day, and year): Aug 16 1911

7 AGE: Years 19 Months 6 Days 29 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James E. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Queen Ann Md

12 MAIDEN NAME OF MOTHER: Laura Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co

14 Informant (Address): James E. Butler 930 W. Mulberry

15 Date Received: EB 18 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 15, 1931, that I last saw her alive on Feb 15, 1931, and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Eulero Colitis (Cause unknown)

(duration) yrs. 4 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary

(Signed) J. Fine Bee M. D.

Feb 16, 1931 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Aub. Cathedral Cem. DATE OF BURIAL: 2/18 1931

20 UNDERTAKER: Emma Hensley ADDRESS: 578 N. Eutaw

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65699

131 ✓ E 65699

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Eutaw St. 11-24 WARD)

2-FULL NAME Hester Tull

(a) RESIDENCE No. 1038 N. Eutaw ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1st 1855

7 AGE Years 76 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Rock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cholia Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Cora Tull
(Address) 1038 N. Eutaw St.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14-1931

17 I HEREBY CERTIFY, That I attended deceased from 2-10-, 1931, to 2-14-, 1931, that I last saw her alive on 2-13-, 1931 and that death occurred, on the date stated above, at 2,30 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Intemperate Habits
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. Bangiss, M. D.

2-17-1931 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 2/18 1931

20 UNDERTAKER Samuel Hensley — ADDRESS 1700 Druid Hill Ave

TION is very important. See instructions on back of certificate.

B 18 1931 HAROLD JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 65700

E 65700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 1074001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

2-FULL NAME Peaches Powell

(a) RESIDENCE No. 415 Carolina St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/15/29

7 AGE: Years 1 Months 4 Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Carlin Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car -

12 MAIDEN NAME OF MOTHER Martha McCrady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records -
(Address)

15 FEB 18 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1931, to Feb 17, 1931, that I last saw him alive on Feb 17, 1931, and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Ann F. Kuttner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashbury cemetery

DATE OF BURIAL Feb 18 1931

20 UNDERTAKER Edward Bryson

ADDRESS 1631 orleans st

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 65701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65701

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1927

CITY OF BALTIMORE: (No. 1701 Edmondson Av ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leonard Dempsey Merritt

(a) RESIDENCE NO. 1701 Edmondson Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 9/12/29

7 AGE: Years 1 Months 5 Days 4 If LESS than 1 day, ...hrs. or.... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Bertram Merritt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Theresa Dyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Bertram Merritt

(Address): 1701 Edmondson Av.

Filed FEB 18 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/16/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1931, to Feb. 16, 1931, that I last saw him alive on Feb. 16, 1931, and that death occurred, on the date stated above, at 7 45 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) about yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. Stewart Bell, M. D.

, 19 (Address) 1130 Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Feb. 18th 1931

20 UNDERTAKER: Charles H. Alexander

ADDRESS: 1402 Druid Hill Av.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65702

23 E 65702

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. 925 McCulloh St., 11-24 Ward)

2-FULL NAME Maud Wicks

(a) RESIDENCE NO. 925 McCulloh St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 Color or Race Col
5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Wicks

6 DATE OF BIRTH (month, day and year) Jan 4 1887

7 AGE Years 32 Months 1 Days 2 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Raleigh
(State or country) N. C.

PARENTS
10 NAME OF FATHER John Maxwell
11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)
12 MAIDEN NAME OF MOTHER Kate Woodley
13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Solomon Wicks
(Address) 925 McCulloh

15 FILED FEB 18 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) H. H. Smith, M. D.
Feb 7 (Address) Cor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem — DATE OF BURIAL Feb 18 1931

20 UNDERTAKER Charles H. Alexander — ADDRESS 1406 Druid Hill Ave

FEB 18 1931

THE MORGUE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

ELEANOR ENSOR

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65703

131

E 65703

CERTIFICATE OF DEATH.

REGISTERED NO. 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., WARD)

2-FULL NAME Eleanor Ensor

(a) RESIDENCE NO. Mt Washington ST., 5610 Mattfeldt Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel C. Ensor

6 DATE OF BIRTH (month, day, and year) June 24. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER John Harman

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Pierce

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mr Hope Friends

(Address) Mt Hope Retreat

15 B 18 1931 19 C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1924, to Feb 16, 1931, that I last saw h. alive on Feb 16, 1931, and that death occurred, on the date stated above, at 12.55 m.

The CAUSE OF DEATH* was as follows: Chr. Interstitial Nephritis Arterio-sclerosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Dementia (duration) 7 yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wallace P. Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Feb. 18 1931

20 UNDERTAKER Horace A. Burgee

ADDRESS 3631 Falls Road

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Meyls

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65704

82-E 004 65704

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3131 Keswick Road ST. 13 WARD

2-FULL NAME Lewis J. Meyls

(a) RESIDENCE No. 3131 Keswick Road ST., 13 WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice A. Meyls

6 DATE OF BIRTH (month, day, and year) Aug. 5-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER J. Adam Meyls

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Frank B. Egerton
(Address) 3131 Keswick Road

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1931, to Feb 16th, 1931, that I last saw him alive on Feb 16th, 1931, and that death occurred, on the date stated above, at 10 20 P m.

The CAUSE OF DEATH* was as follows:

Paralysis.

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Theodore G. Bryce, M. D.

, 19 (Address) 728 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Feb. 19-1931

20 UNDERTAKER Horace F. Burgee — ADDRESS 3631 Falls Road

8 18 1931

THIS is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65705

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Park Ave S 11-24 WARD) 1310

REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nollie Eley

(a) RESIDENCE NO. 1212 Park Ave ST. ____ WARD ____
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Eley

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 62 | Months — | Days — | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment W. E. Eley (Address) 1922 Tredegar St

15 Filed ____ 19____ C. HAMPSON JONES, M. D. Registrar

FEB 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 17/31

17 I HEREBY CERTIFY, That I attended deceased from Jany 24 1931 to Feby 17 1931 that I last saw him alive on Feby 16 1931 and that death occurred, on the date stated above, at 6.15 m. The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettigrew M. D.

19 (Address) 317 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Isle of Wight Co Va — DATE OF BURIAL: Feb 18 1931

UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

TION is very important. See instructions on back of certificates

Spec.—1-30—A. & Co.—250 Bks.

E 65706

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 65706

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-37 Ward)

2. FULL NAME John C. Meinhardt

(a) RESIDENCE No. 422 14th St. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred lifes. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick layer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer ?

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Peter Meinhardt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Carrie Byer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 1931
By C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-31

17 I HEREBY CERTIFY, That I attended deceased from 4-8-25, 19..., to 2-16-31, 19...
that I last saw him alive on 2-16-31, 19...
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.
2-17 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 2/18 1931

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65707

CERTIFICATE OF DEATH

95-00 YE 65707

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Streeper St 1-2 WARD)

2. FULL NAME Gustavas Thomasson

(a) RESIDENCE NO. 616 S. Streeper ST ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 30 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thomasson

6 DATE OF BIRTH (month, day, and year) Dec. 12-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

021

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Elizabeth Thomasson
(Address) 616 S. Streeper St

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

B 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 19 28, to Feb. 16 19 31 that I last saw him alive on Feb 16 19 31 and that death occurred, on the date stated above, at 12.45 A. M. The CAUSE OF DEATH* was as follows: Cerebrovascular disease (Hypertension)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Kearney M. D.

19 (Address) Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount Cem

DATE OF BURIAL: Feb. 18 1931

20 UNDERTAKER: George W. Zibula

ADDRESS: 1737 E. Eager st

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

2 44 37 E 65708
Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65708

93

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Koprolek

(a) RESIDENCE NO. 1724 Barnes ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Anna

6 DATE OF BIRTH (month, day, and year): Nov. 12-1872

7 AGE: Years 58 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ..... min. –

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): –

(c) Name of employer: –

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Koprolek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Anna Z.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 1-8-, 1931, to 2-17-, 1931, that I last saw h alive on 2-17-, 1931, and that death occurred, on the date stated above, at 12 58 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John E. Washington M. D.

2/17 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Feb. 20 1931

20 UNDERTAKER: George W. Zinkler

ADDRESS: 1737 E. Eager St.

FROM BACK OF CERTIFICATE. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65709

CERTIFICATE OF DEATH.

E 65709

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 1-V WARD)

2-FULL NAME Francis Wislawski, Jr

(a) RESIDENCE NO. 619 So. Curley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1926

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min
4	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Francis Wislawski

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Zeck

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant Francis Wislowski.
(Address) 619 S. Curley St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb. 17, 1931, that I last saw him alive on Feb 17, 1931, and that death occurred, on the date stated above, at 9 55 p. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Cellulitis of neck

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? 619 So. Curley St.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) A Peter Weranski M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Feb. 19 1931
20 UNDERTAKER	**ADDRESS**
M F. Sadowski.	1740 Eastern ave

HAMILTON JONES, M. D.

Dausinger

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65710

CERTIFICATE OF DEATH

108

E 65710

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 760 Frankhurst St. 67 Ward)

2-FULL NAME Lohas F. Dausinger

(a) RESIDENCE NO. 760 Frankhurst St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ozinger

6 DATE OF BIRTH (month, day, and year) Sept 11 1884

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	46	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Ward Bakery
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John H. Dausinger

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Ulrich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Emma Dausinger
(Address) 760 Frankhurst

15 Filed ..... 19.. W. HAMPSON JONES, M. D. Registrar

FEB 18 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Blank M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/20/1931

20 UNDERTAKER F. B. Wagner

ADDRESS 1850 W. Baltimore St.

Spec.—9-30—A. & Co.—250 Bks.

E 65711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-E 65711

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Strickland ST. 20-10 WARD)

2. FULL NAME Annie A. Kolb

(a) RESIDENCE NO. 3123 Strickland ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 3 ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Kolb

6. DATE OF BIRTH (month, day, and year) May 19-1872

7. AGE Years 59 Months 6 Days 3 27 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER Fred'k Dewist

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Anna Brand

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant Wm. H. Kolb
(Address) Fred'k nr. East Lynn St.

15. Filed FEB 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 16/31

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 16, 1931

that I last saw he alive on Feb 16, 1931

and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18. Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Cl + Phy Exam

(Signed) F. T. Kogel M. D.

..... 19 (Address) 3321 Forest Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 2/17th 1931

20. UNDERTAKER F. B. Wyspert — ADDRESS 1850 W. Baltimore St.

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

Hall

E 65712

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 E 65712

CERTIFICATE OF DEATH

167

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1713 Byrd St. ST. 24 WARD) 24

2—FULL NAME Margaret M. Hall

(a) RESIDENCE NO. 1713 Byrd St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 5 mos. 11 ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond A. Hall

6 DATE OF BIRTH (month, day, and year) Sept. 4 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 07

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas R. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eliz. Voeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Raymond A. Hall
(Address) 1713 Byrd St.

15 Filed FEB 18 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-31

17 I HEREBY CERTIFY, That I attended deceased from 2/7, 1931, to 2/15, 1931, that I last saw her alive on 2/15/31, 1931 and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 8 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis Clinical & Physical Signs

(Signed) James Brown, M. D.

(Address) 705 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 2/18 1931

20 UNDERTAKER J. F. McCully

ADDRESS 130 E. Pratt

Spec.—0 30—A. & Co.—250 Bks.

E 65713

HEALTH DEPARTMENT—CITY OF BALTIMORE. 65713

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2452 Washington Blvd (STREET) 25-22 WARD)

2 FULL NAME Merle Wilson Carter

(a) RESIDENCE NO. 2452 Washington Blvd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Jan 30 1928

7 AGE: Years — Months — Days 18 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: Francis Carter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Minnie Herrington
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Francis Carter
(Address) 2452 Washington Blvd.

15 Filed FEB 18 1931 C. BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 17, 1931
that I last saw h— alive on Feb. 15, 1931
and that death occurred, on the date stated above, at 3 30/A m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? X-ray Clinical
(Signed) Wm A. Strauss M. D.
2/17 1931 (Address) 1901 Guilford Ave

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elkridge Md — DATE OF BURIAL 2/18 1930

20 UNDERTAKER Edward Foulsar — ADDRESS Wash Blvd

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65714

E 65714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

15-59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 N Fulton ST. WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carrie B Garner

(a) RESIDENCE No. 2136 N Fulton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: N

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Alvey Garner

6 DATE OF BIRTH (month, day, and year): May 12 73

7 AGE: Years 57 Months 9 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): 0??

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo M Fogle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Fleagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr Garner
(Address) 2136 N Fulton

15 [illegible]

FEB 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1930 to Feb. 17th 1931 that I last saw her alive on Feb. 17th 1931 and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH* was as follows:

Carcinoma (metastatic) of ileum, stomach.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of breast

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 1925

Was there an autopsy? no

What test confirmed diagnosis? Wound

(Signed) J. Perosh M. D.

2-17 1931 (Address) 2202 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 19 1931

UNDERTAKER: W M Routson

ADDRESS: 2238 W North

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 ✓

E 65715

CERTIFICATE OF DEATH

E 65715

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Belmont Ave. ST., 27-44 WARD)

2—FULL NAME Harry L. Offutt

(a) RESIDENCE NO. 2911 Belmont Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or, WIDOW of~~) Helen M. Offutt

6 DATE OF BIRTH (month, day, and year) Nov 12 1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
34	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Business

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Harry L. Offutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Mary Bissett

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Helen M. Offutt
(Address) 2911 Belmont Ave

15 Filed 1 8 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/31

17 I HEREBY CERTIFY, That I attended deceased from 1/20/, 1931, to 2/15/, 1931, that I last saw h— alive on 2/15/, 1931 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pleuropneumonia, lobar, superior (lobe)

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) ~4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum (smear)

(Signed) Bernard J. Tracy, M. D.

2/18, 1931 (Address) 9 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 18 1931
20 UNDERTAKER	**ADDRESS**
F. Vernon Kechner	532 Hollins

Spec.—1-30—M. & T.—250 Bks.

E 65716

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 65716

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Whitelock St. ST. 13-59 WARD)

2-FULL NAME Oscar Liepman

(a) RESIDENCE NO. 908 Whitelock St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rachel Liepman

6 DATE OF BIRTH (month, day, and year) April 29, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 08

(b) General nature of industry, business, or establishment in which employed (or employer) Mail Carrier.

(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Aaron Liepman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Leonard Liepman
(Address) 908 Whitelock St.

15 Filed 1 8 1931 19 S. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 17, 1931.

17 I HEREBY CERTIFY, That I attended deceased from October, 1929, to Feb. 17, 1931, that I last saw him alive on Feb 17, 1931, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis + nephritis (duration) 1 yrs. 4 mos. ds.
(sub. acute)

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Leitz, M. D.

2-17-1931 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 2/19/ 1931

20 UNDERTAKER Blair Sondheim & Son

ADDRESS 1902 Eutaw Place

1-30—M. & T.—100 B—50L

E 65717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 E 65717

1-13

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 E. Madison St ST. ..... WARD)

2-FULL NAME Sarah Johnson

(a) RESIDENCE NO 1535 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	~~w~~ black	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Easton, Md.

PARENTS

10 NAME OF FATHER James Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton, Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Easton, Md.

14 Informant Florence Wilson, (Address) 1535 E. Madison, St

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], Coroner, M. D.

Feb 16/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem — DATE OF BURIAL 2-19 1931

20 UNDERTAKER Jas. W. Skinner — ADDRESS 1625 E. Mad St

TION is very important. See instructions on back of certificate.

Spec.—1-12-33—M&T—500 Bks.

Prasch

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 65718

E 65718

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp. ST., 7-11 WARD)

2-FULL NAME Barbara Prasch

(a) RESIDENCE No. 3107 Mc Elderry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Prasch

6 DATE OF BIRTH (month, day and year): March 20 1905

7 AGE: Years 25 Months 10 Days 28 If LESS than 1 day, hrs. or min.

24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John J. Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Barbara Nagengst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: George Prasch

(Address): 3107 Mc Elderry

15 Filed FEB 16 1931

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/18 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 1931, to 2/18, 1931, that I last saw her alive on 2/18, 1931, and that death occurred, on the date stated above, at 2.25 a.m.

The CAUSE OF DEATH* was as follows:

Eclampsia (7th month of pregnancy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ashman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb 21 1931

20 UNDERTAKER: M. W. E. Deppel Inc

ADDRESS: 37 Lanc St

TION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

E 65719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 65719

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 E. Fayette ST. 6-9 WARD)

2-FULL NAME Walter G.A.Crossan

(a) RESIDENCE No 1712 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crossan

6 DATE OF BIRTH (month, day, and year) Sep 7/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	32	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER xxxxx Crossan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.,Md.

14 Informant Mary Crossan
(Address) 1712 E. Fayette St

15 Filed ..... 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Carcinoma Sigmoid

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Records St. Joseph Hospital

(Signed) ..... Coroner, M. D.

Feb. 16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 19 1931

20 UNDERTAKER W. E. Deppe Inc — ADDRESS 372 S Ann St

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 65720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127-OC 65720

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pleasant Hosp.

CITY OF BALTIMORE: (No. 1514 Division St. WARD) 14-20

2. FULL NAME Edward London 1514 Druid Hill Ave

(a) RESIDENCE No. 1514 Division St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: colored
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1890

7. AGE: Years 40 | Months 11 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer): Oto
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Virginia

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (city or town) (State or country): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14. Informant: Elizabeth Justis
(Address): 1514 Druid Hill

15. Filed 1931 C. HAMPSON JONES, M. D., Registrar
By

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/16/31

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to Feby 16, 1931
That I last saw him alive on Feby 16, 1931
and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:
Intestinal Stenosis
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Raynaud's Disease
(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death? unknown
Did an operation precede death? yes Date of 2/12/31
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Postmortem
(Signed) Dr Bradshaw Hipsley M. D.
, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster, Va.
DATE OF BURIAL: 2/18/ 1931

20. UNDERTAKER: Wm. Geo. R. Holland
ADDRESS: 1631 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Pks.

E 65721

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 65721

CERTIFICATE OF DEATH.

16-23

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1129 N. Carey St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loyd Kane

(a) Residence No. 1129 N Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 1845

7-AGE, 86 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unk

12-MAIDEN NAME OF MOTHER, Unk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unk

14- (Informant) Sarah E. Brown

(Address) 1129 N. Carey St

15- Filed 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-16-1931

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 16, 1931, that I last saw him alive on Feb, 1931, and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 16 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Jones, M. D.

Feb 16, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL National

DATE OF BURIAL, 2-19, 1931

20-UNDERTAKER John H. Joadwin

ADDRESS 1027 Hand'l Hall

Instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65722

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-9 WARD)

2-FULL NAME Anna Schaeffer

(a) RESIDENCE No. Dodge Hotel, Washington ST., D. C. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) about 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Not Known
(State or country) Not Known

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country) Not Known

14 Informant Hospital Records
(Address) Balto. Md.

15 Filed 18 1931, 19 .... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February-18-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1931, to Feb. 18, 1931, that I last saw he alive on Feb. 18, 1931, and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) ? yrs. .... mos .... ds.

CONTRIBUTORY (Secondary) .....
(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted ?
If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Oscar E. Hubbard, M. D.

2-18 1931 (Address) 409 Cornwall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D. C. DATE OF BURIAL Feb. 18 1931

20 UNDERTAKER Stewart & Mowen Co. ADDRESS 108 W. North Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65723

E 65723

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline ST. X (Aliss) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amy Fridinger Howson Md

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Milton Edgar Fridinger

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	22	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Co

PARENTS

10 NAME OF FATHER Walter Eyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co

12 MAIDEN NAME OF MOTHER Catherine Sons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Walton Edgar Fridinger
(Address)

15 Filed 1 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-31

17 I HEREBY CERTIFY, That I attended deceased from 2-10-31, 19..., to 2-18-31, 19..., that I last saw h e alive on 2-18-31, 19... and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows: Toxic adenoma Thyroid

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Colitis Dysentery

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 2-18-31

Was there an autopsy? no (over)

What test confirmed diagnosis? Operative

(Signed) W. B. Wiedeof, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Providence Cem	Feb 21 1931

20 UNDERTAKER	ADDRESS
John Burns Sons	Towson Md

FOR IS very important. See instructions on back of certificates.

pec—12-23-21—E.B.R.S.—400 Bks.

E 65724

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65724

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 245 S. Ann St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ino. Amelia Marsch

(a) Residence No. 245 S. Ann St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Richard Marsch

6-DATE OF BIRTH (month, day and year) Sept 14-1872

7-AGE. 58 59 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER. Edward Tivis

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. ~~Unknown~~ ? Wheat

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Richard Marsch

(Address) 245 S. Ann St.

15- 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 17-1931

17- I HEREBY CERTIFY, That I attended deceased from June 1 1929 to February 17 1931 that I last saw her alive on February 17 1931 and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis Acute
Interstitial Nephritis
Hypertension

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Norbert G. Phelps M. D.

2/18 1931 (Address) 2107 Wilkens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Pauls Cemetery DATE OF BURIAL. Feb. 19 1931

20-UNDERTAKER George L. Schmit ADDRESS 2101 Eutaw Ave

Instructions on back of certificates.

pec—12-23-21—E.R.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65725

1-001 10 E 65725

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: No. 2405 W. Lombard St. 70-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Catherine Brummer

(a) Residence No. 2405 W. Lombard St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 7-1862

7-AGE. 68 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

069

9-BIRTHPLACE (city or town) (State or Country). Canada

PARENTS.

10-NAME OF FATHER. Jacob Brummer

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Caroline Hoerter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Miss Mary Brummer
(Address) 2405 W. Lombard St

15-(Filed) 1 8 1931 C. HAMPSON JONES, M. D. Registrar. ACB

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 17-1931

17-I HEREBY CERTIFY, That I attended deceased from Feb. 13 - 1931 to Feb. 17 1931 that I last saw h w alive on Feb. 17 1931 and that death occurred, on the date stated above, at 5 30 a.m. The CAUSE OF DEATH* was as follows:

Bronch Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) [illegible] M. D.

Feb. 18 1931 (Address) 2145 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery DATE OF BURIAL. Feb. 20 1931

20-UNDERTAKER George W. Schmidt ADDRESS 2101 Druid Ave.

instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65726

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4656 York Road ST. 27-48 WARD

2-FULL NAME Joan Margaret Phillips,

(a) RESIDENCE NO. 4656 York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) October 3.1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	--	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wilbert K. Phillips,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Marie V. Wright,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Marie V. Phillips
(Address) 4656 York Road

15 Filed FEB 19 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Since Birth, 1930, to Feb. 17, 1931,

that I last saw he alive on Feb. 17, 1931,

and that death occurred, on the date stated above, at 8 50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, L -

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Koons, M. D.

2-18-1931 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL FEB 19 1931

20 UNDERTAKER Geo. W. Little

ADDRESS 2700 EDMONDSON AVE.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65727

121

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Union Memorial Hospital ST. 6-64 WARD)

2-FULL NAME Charles Mullenberg

(a) RESIDENCE NO. 2401 Harlem ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Virginia Mullenberg

6 DATE OF BIRTH (month, day, and year) April 7, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	47	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 054

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Balto, City

PARENTS

10 NAME OF FATHER Charles Mullenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Spurton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital records
(Address)

FEB 18 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31.

17 I HEREBY CERTIFY, That I attended deceased from 2/9/31, 19..., to 2/18/31, 19..., that I last saw him alive on 2/18/31, 19..., and that death occurred, on the date stated above, at 9^55 a. m.

The CAUSE OF DEATH* was as follows:
Ruptured appendix

(duration) ..... yrs. mos 10? ds.

CONTRIBUTORY (Secondary) Peritonitis + Paralytic Ileus
(duration) yrs. mos. 10? ds.

18 Where was disease contracted if not at place of death? Balto Md?

Did an operation precede death? yes Date of 2/9/31

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) Ralph G. Hills, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Crm

DATE OF BURIAL Feb 20 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 Edmondson Av

Spec.—2-29-28—L. F. S.—500 Bks.

E 65728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 | E 65728

1—PLACE OF DEATH

REGISTERED NO. 16-67

CITY OF BALTIMORE: (No. 3032 Belmont ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucretia Hoggs

(a) RESIDENCE NO. 3032 Belmont Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. H. Hogg.

6 DATE OF BIRTH (month, day, and year): Sept 11- 1862

7 AGE: Years 68 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Fredericksburg Virginia

PARENTS

10 NAME OF FATHER: John Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Virginia Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. C L Jones
(Address) 3032 Belmont Ave.

15 Filed 1 8 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry. 17-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8- 1930, to Febry. 17, 1931 that I last saw her alive on Febry. 17, 1931 and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

(Signed) Carl Brown, M. D.

2/17, 1931 (Address) 1632 W North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National cem

DATE OF BURIAL: 2/19 1931

20 UNDERTAKER: Geo. W. Little

ADDRESS: 2700 Edmondson

Spec.—1-30—M. & T.—250 Bks

E 65729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65729

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E. Federal ST., 9-17 WARD)

2-FULL NAME Mary E. Lacy

(a) RESIDENCE No. 1415 E. Federal ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Lacy

6 DATE OF BIRTH (month, day, and year): July 1-1851

7 AGE: Years 79 | Months 7 | Days 15 16 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Rhonda Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Jas. Thomas
(Address) 1415 E. Federal St.

15 C. HAMPSON JONES, M. D. Registrar

FEB 18 1931 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 15, 1931, that I last saw her alive on Feb 15, 1931, and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Hypertension
Hypertrophy

(duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Post

(Signed) [illegible] M. D.

(Address) [illegible]

*State (1) The Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 19 1931

20 UNDERTAKER: Margaret J. Flynn

ADDRESS: 1000 Light St.

Spec.—1-30—M. & T.—250 Bks.

E 65730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65730

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 15-61 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elsie Norris

(a) RESIDENCE No. 3326 Piedmont Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lloyd L Norris

6 DATE OF BIRTH (month, day, and year) Aug 27 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52		3	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Baltimore~~ (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Chas O. Spangler

11 BIRTHPLACE OF FATHER (city or town) Carroll Co (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie V Hunter

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co (State or country) Md

14 Informant Mrs Carrie Spangler
(Address) 4123 Pasta Heights Ave

Filed 18 1931 . 19 ..... APH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-14 . 19 31, to 2-17 . 19 31, that I last saw her alive on 2-17 . 19 31, and that death occurred, on the date stated above, at 11 35 p.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Large intestine (primary lesion) with obstruction

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 2-14-31

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy - Physical Examination

(Signed) Robert Levin, M. D.

. 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Feby 20 1931

20 UNDERTAKER J. Fred C. Sudler & Son

ADDRESS North Ave

FROM IS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 65731

E 65731

CERTIFICATE OF DEATH

REGISTERED NO. 43-52

1—PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th & Keswick Rd. ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Charlotte Brady

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 22-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	11	28	26

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Leideman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Hospital Records.

(Address)

15 Filed ..... 19 ..... Registrar

FEB 18 1931 C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Feb 18, 1931, that I last saw her alive on Feb 11, 1931 and that death occurred, on the date stated above, at 3 50 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests

(Signed) Wm B Mayo M. D.

Feb 18, 1931 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem. Roland Ave

DATE OF BURIAL Feb 19 1931

20 UNDERTAKER Wm J. Pickerel Sons

ADDRESS North St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65732

CERTIFICATE OF DEATH.

8 V E 65732

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4508 Wentworth Rd. 64 St. ..... WARD)

2 FULL NAME Margaret Elizabeth Stett

(a) RESIDENCE No. 4508 Wentworth Rd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David M. Stett

6 DATE OF BIRTH (month, day, and year) May 14 1864

7 AGE: Years 66 Months 9 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Armstrong Co. Penna.

PARENTS

10 NAME OF FATHER John A. Hanna

11 BIRTHPLACE OF FATHER (city or town) (State or country): Armstrong Co. Penna.

12 MAIDEN NAME OF MOTHER Barbara Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Armstrong Co. Penna.

14 Informant David M. Stett
(Address) 4508 Wentworth Rd.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

B 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Feb 18, 1931, that I last saw her alive on Feb 18, 1931, and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage & paralysis. myocarditis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Hypertension

(duration) about 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Tibbot M. D.

Feb 18 1931 (Address) 2220 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Apollo Penna

DATE OF BURIAL: Feb 1931

20 UNDERTAKER: W. J. Trimmer & Son

ADDRESS: Nesh Pa

TION is very important. See instructions on back of certificates.

Spec.—9-20—A. & Co.—250 Blks

E 65733

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-E 65733

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2902 Allendale Road ST. 15-61 WARD

2. FULL NAME Frank Wright

(a) RESIDENCE No. 2902 Allendale Road ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah E. Wright

6. DATE OF BIRTH (month, day, and year) Feb 6th 1845

7. AGE Years 75 Months 2 Days 11 If LESS than 1 day, ... hrs. or ..... mins.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS
10. NAME OF FATHER Joseph Wright
11. BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12. MAIDEN NAME OF MOTHER Lavenna Lowe
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14. Informant Miss Eleanor Wright
(Address) 2902 Allendale Road

15. DATE FILED ..... 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 17th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1931 to Feb 17 1931 that I last saw him alive on Feb 17 1931 and that death occurred, on the date stated above, at 5 45 P.M.

The CAUSE OF DEATH* was as follows:

Acute pyelonephritis - (duration) yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) arterio sclerosis - hypertension + paralysis (duration) 3 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Laboratory

(Signed) W. S. Willett M. D.

Feb 18 1931 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Feb 19 1931

20. UNDERTAKER Rentiam Lowe 723 W. Lafayette Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65734

CERTIFICATE OF DEATH.

E 65734

93-083

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 O'Donnell St. ward 76-1)

2. FULL NAME Gertrude L. Weber

(a) RESIDENCE No. 3212 O'Donnell St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 40 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Weber

6. DATE OF BIRTH (month, day, and year) June 30 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	7	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Germany.

PARENTS
10. NAME OF FATHER: Phillip Schmidt
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany.
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14. Informant: George Weber
(Address) 3212 O'Donnell St.

15. Filed ..... 19 ..... R. Peck Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 17, 1931, that I last saw her alive on Feb 17, 1931, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Zillow M. D.

2/18, 1931 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem — DATE OF BURIAL: Feb. 21 1931

20. UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E. Eager St.

FEB 18 1931

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balt. Gen. Hosp. 10-1482-001

REGISTERED NO. E 65735

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Mr. Thomas Campbell

(a) RESIDENCE NO. 1205 Ensor St. ST., WARD C
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth G. Cain

6 DATE OF BIRTH (month, day, and year) Sept. 4, 1870

7 AGE Years 60 Months 5 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) City Hall

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Hugh Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bridget Sisson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Son. H. Campbell
(Address) 1205 Ensor St.

15 Filed FEB 19 C. HAMILTON JONES, M. D. Registrar
By: JMC

THIS is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 18, 1931, that I last saw him alive on Feb 18, 1931, and that death occurred, on the date stated above, at 8:37 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Harry Bahner M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Feb 21, 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65736 E 65736

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 N. Gilmor ST. WARD) 16 H 54

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eugene Madden

(a) RESIDENCE No. 1602 N. Gilmor ST. ..... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Madden

6 DATE OF BIRTH (month, day, and year) - 1886

7 AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd Jobs

(c) Name of employer: Lately

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jennie Madden (Address) Winchester St.

15 Filed ..... C. HAMPSON JONES, M. D., Registrar By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to 2/17/31, 19..., that I last saw him alive on 2/16/31, 19..., and that death occurred, on the date stated above, at 4-15 p.m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis? Urine examination

(Signed) Walter Lossen M. D.

2/18/31 (Address) 1939 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL: Auburn Cem

DATE OF BURIAL 2/19, 19 31

26 UNDERTAKER Samuel Newsley

ADDRESS McCaddin

back of certificates. TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65737 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65737

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 E Hamburg St. WARD) 42-33

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George H. Frazier

(a) RESIDENCE No. 257 E Hamburg ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline M Frazier

6. DATE OF BIRTH (month, day, and year) Aug 30 1903

7. AGE: Years 27 Months 5 Days 18 19 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer): B & O.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

PARENTS

10. NAME OF FATHER: John W Frazier

11. BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co Md

12. MAIDEN NAME OF MOTHER: Flossie E Warfield

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co Md

14. Informant: Mrs Flossie E Frazier
(Address) 257 E Hamburg St.

15. Date ..... Registrar .....

FEB 19 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2-18-31

17. I HEREBY CERTIFY, That I attended deceased from Jan 28/31, 19..., to Feb 18/31, 19..., that I last saw him alive on Feb 18/31, 19..., and that death occurred, on the date stated above, at 4 10 p m.

The CAUSE OF DEATH* was as follows:

Acute Mitral Regurgitation

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry B Holt M. D.

Feb 17/31 (Address) 1 W Hyde

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

DATE OF BURIAL: Feb 20 1931

20. UNDERTAKER: John F Denny

ADDRESS: 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

E 65738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65738

CERTIFICATE OF DEATH

11-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Regester St. 7-4 WARD)

2 FULL NAME Ida Hadzicki

(a) RESIDENCE NO. 705 S. Regester ST., WARD (If non-resident give city or town and State) (Usual place of abode)

length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Piotr Kotgras

11 BIRTHPLACE OF FATHER (city or town) (State or country) poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) poland.

14 Informant Mrs Mary Garzynski (Address) 705 S. Patter Street

15 Filed FEB 1919, 19 C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-8-31, 19, to 2-17-31, 19, that I last saw h er alive on 2-17-31, 19, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-Pneumonia, following La Grippe associated with bronchitis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of Death.

(Signed) I. B. Bronushas, M. D.

2-17-31, 19 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL February 20 1931

20 UNDERTAKER George A. Weber — ADDRESS 705 E. Pratt St.

See instructions on back of certificates. ATION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 65789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 65789

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Balt. Gen Hosp

CITY OF BALTIMORE: (No. 15-58 STREET) (WARD)

2-FULL NAME Catherine Mary Fusco

(a) RESIDENCE No. 4142 Reisterstown Rd ST. WARD F

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) ✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28 1929

7 AGE Years 1 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Fusco.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Marie Neubauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mr. Joseph L. Fusco

(Address) 4142 Reisterstown Road

Filed FEB 19 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 18, 1931, that I last saw him alive on Feb 18, 1931, and that death occurred, on the date stated above, at 9:45 A.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

2/17, 1931 (Signed) H. Ashburn, M. D.

(Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb. 20 1931

20 UNDERTAKER Henry Hauck Sons

ADDRESS 1301 E. Eager St

THON is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65740

E 65740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 19-28 ST. 108 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Peter Poggi

(a) RESIDENCE NO. 317 S. Woodyear ST. ..... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler of brooms

(b) General nature of industry, business, or establishment in which employed (or employer) O'K

(c) Name of employer self

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Therese ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records of (Address) Balto. City Hosp.

15 [illegible] C. HAMILTON JONES, M. D. Registrar

FEB 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-31

17 I HEREBY CERTIFY, That I attended deceased from 2-13-31, 19..., to 2-16-31, 19...

that I last saw him alive on 2-16-31, 19...

and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Meningitis, pneumococcic (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.

2-17 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincents Cemetery — DATE OF BURIAL Feb. 20 1931

20 UNDERTAKER Lilly & Zeller Inc — ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E. 65741

E 65741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28-64 93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Ferndale Avenue ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie C. Blundell

(a) RESIDENCE NO. 3018 Ferndale Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Denis Blundell

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Dolan

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Ireland

14 Informant Mrs. Kate R. V. Rose
(Address) 3018 Ferndale Avenue

15 Filed FEB 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1930, to Feb. 18, 1931, that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above, at 12.30P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Arterio Sclerosis & Hemiplegia

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. G. Queen, M. D.

2/18, 1931 (Address) 350 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/20 19 31

UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Eutaw

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65742

CERTIFICATE OF DEATH. 82-004

REGISTERED NO. E 65742

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Raine St ST. 13-52 WARD)

2 FULL NAME Sarah A Dammyer

(a) RESIDENCE NO. Parkton Maryland ST. WARD Parkton Md
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S. ~~if not born in this country~~ life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widow~~er~~, ~~or Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~FORMER NAME OF~~ ~~HUSB.~~ WIFE of Henry F Dammyer

6 DATE OF BIRTH (month, day, and year) June 12 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70.	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Steffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Dora Steffler
(Address) Parkton Md

15 Filed FEB 18 1931, 19 H. LEE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18/1931

17

I HEREBY CERTIFY, That I attended deceased from Feby 10th, 1931, to Feby 17th, 1931

that I last saw her alive on Feby 17th, 1931

and that death occurred, on the date stated above, at 8 10 A m.

The CAUSE OF DEATH* was as follows:

Cardio Respiratory
Paralysis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hemiplegia 4
Arteriosclerosis (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. C. Chff M. D.

2/18, 1931 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cem Md. DATE OF BURIAL Feb 20 1931

20 UNDERTAKER J. Walter Davis ADDRESS 3418 Chestnut Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Bagrowska E 65743

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65743

CERTIFICATE OF DEATH.

2-4 107 001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1755 Bank St. ST. ..... WARD)

2-FULL NAME Maryanis Bagrowska

(a) RESIDENCE No. 1755 Bank St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 42 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael Clok

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Sophia Klikczynska
(Address) 1755 Bank St.

15 Filed 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb. 17th, 1931 that I last saw her alive on Feb. 17th, 1931 and that death occurred, on the date stated above, at 12 00 M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo. B. Ayers M. D.

, 19 (Address) 280 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Feb 20 31 | DATE OF BURIAL 19

20 UNDERTAKER John M. Weber ADDRESS 1 Mt. Vernon Pl.

FION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65744

Perrellio

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

E 65744

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph Hospital

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Chesaline ST., Flower WARD)

2-FULL NAME Baby girl Perrellio

(a) RESIDENCE No. 235 Patapsco ST., ... WARD ..... Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Bab

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frank Perrellio

BIRTHPLACE OF FATHER (city or town) (State or country) Italy

DEN NAME OF MOTHER Mary Belucci

HPLACE OF MOTHER (city or town) (r country) Pennsylvania

Frank Perrellio

235 Patapsco St

FEB 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17-31, 19..., to 2-18-31, 19...,

that I last saw h... alive on 2-18-31, 19...,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos 2 ..... ds.

CONTRIBUTORY (Secondary) Inanition

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? Premature

What test confirmed diagnosis?

(Signed) W B Hundley, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Feb 19, 1931

20 UNDERTAKER	ADDRESS
John M Weber	1-N Gay St

Spec.—1-30—M. & T.—250 Bks.

B 65745

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 B 65745

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Harlem Ave 16-23 WARD

2-FULL NAME Anna E. Polster

(a) RESIDENCE No. 1108 Harlem Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 20 1853

7 AGE: 77 Years 78 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ferdinan Polster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Duffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Rosalthing Polster
(Address) 1108 Harlem Ave

15 Filed ..... 19 HAMILTON JONES, M. D. Registrar

B 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16-1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 15, 1931, that I last saw h~~e~~y alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. M. Evans M. D.

19 (Address) 1425 Linden Ave. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 19 1931

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins

Spec.—9 30—A. & Co.—250 Bks.

65746

E 65746

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST 1-1 WARD)

2 FULL NAME Leonard Albert

(a) RESIDENCE NO. 933 S. Kenwood Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	✓		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER George Albert

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ....., 19.... C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-7-31, 19..., to 2-17-31, 19...

that I last saw him alive on 2-17-31, 19...

and that death occurred, on the date stated above, at 2:05 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic
(duration) Months yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? Home. 2 Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Pudget M. D.

2-18-19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 2/20/31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Baltimore

TION is very important. See instructions on back of certificates.

B 19 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65747

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 115 Scott St. 18-29 WARD

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. Hughes

(a) RESIDENCE No. 115 Scott St. (Usual place of abode) ST. ..... WARD ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~or~~ WIFE of Frank Hughes

6 DATE OF BIRTH (month, day, and year) About 1870?

7 AGE: Years: about 61 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Francis A. Hughes (Address) 115 Scott St.

15 Filed FEB 19 1931 HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18/1931

17 I HEREBY CERTIFY, That I attended deceased from 2/15/31, 19..., to 2/18/31, 1931 that I last saw her alive on ..., 1931 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Dawn M. D.

19 (Address) 7 W. Mt. St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Cem. Hampden | DATE OF BURIAL: 2/21/ 1931

20 UNDERTAKER: J. Walter Davis | ADDRESS: 3418 Chestnut Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65748

CERTIFICATE OF DEATH.

127

1-PLACE OF DEATH 22 Druids Hill Ave

CITY OF BALTIMORE: (No. 6 Christian ST. 1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louie Lehmann

(a) RESIDENCE No. 5102 Ardmore Way ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of August Lehmann

6 DATE OF BIRTH (month, day, and year) Oct 21 1855

7 AGE: Years 75 Months 3 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer))

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Rickert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr Harry George

(Address) 5102 Ardmore Way

15 Filed Feb 1 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 1-26-31, 19..., to 2-17-31, 19..., that I last saw h... alive on 2-17-31, 19..., and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 1 Feb 31

Was there an autopsy? In Diamond Jail

What test confirmed diagnosis? Operation

(Signed) N B Kennedy, M. D.

, 19 (Address) 1 N Druids Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL Feb 20 1931

20 UNDERTAKER Chas. A. Stevens

ADDRESS 1541 E Fort Ave

Spec.—1-30—M. & T.—250 Bks.

E 65749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65749

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Somerset Pl. ST. 27-53 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Eugenie Dryden Ellicott

(a) RESIDENCE NO. 4201 Somerset Pl. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Woman Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Tyson Ellicott

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER C. Owens Dryden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER ~~Eugenie Dryden~~ Alice Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant 4201 Somerset Place
Address Tyson Ellicott

Filed ..... 19.. C. HAMPSON JONES, M. D.
Registrar

B 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31

17 I HEREBY CERTIFY, That I attended deceased from April, 1930, to 2/17, 1931, that I last saw her alive on 2/17, 1931, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray & clinical findings

(Signed) [illegible] M. D.

2/19, 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ellicott City Burying Ground

DATE OF BURIAL 2-20 1931

UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Orchard & McCulloh

Spec.—1-30—M. & T.—250 Bks

244900
Dr 65750

HEALTH DEPARTMENT—CITY OF BALTIMORE

78 VE 65750

CERTIFICATE OF DEATH.

15-58

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., ... WARD)

2-FULL NAME Rita Sears

(a) RESIDENCE No. 2805 Rockrose Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of or) WIFE of Meyer Sears

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Ruff Shapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Sachs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 FEB 19 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Feb. 18, 1931, that I last saw her alive on Feb 18, 1931, and that death occurred, on the date stated above, at 9 05 a m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(duration) ..... yrs. ..... mos 3 9 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 1-30-31

Was there an autopsy? Refused

What test confirmed diagnosis? culture

(Signed) Conrad Seltzer M.D. M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaare Zion

DATE OF BURIAL 2-19-1931

20 UNDERTAKER Jack Levin, 1439 E Baltimore St

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 65751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65751

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 17-22 ST. (WARD)

2-FULL NAME Elizabeth Schek

(a) RESIDENCE No. 6 Holmehurst Ave ST. WARD Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Schek

6 DATE OF BIRTH (month, day, and year) Sept 6 1893

7 AGE Years 37 Months 10 Days 16 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William Schek (Address) 6 Hollmehurst Ave

15 Filed FEB 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1931, to 2-17, 1931, that I last saw alive on 2-17, 1931, and that death occurred, on the date stated above, at 3.25 p m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-13-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb. 20 1931

20 UNDERTAKER Joseph Dyer

ADDRESS 1600 W. North Ave

1-30—M. & T.—100 B—50L

E 65752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65752

CERTIFICATE OF DEATH

REGISTERED NO. 76-37 75

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital STREET WARD)

2-FULL NAME William J. Jones

(a) RESIDENCE NO. Margaret Ave Essex STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 hrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Helen Mary Jones

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John T. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Gregnet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Helen M. Jones

(Address) Margaret Ave. Essex

15 1 9 1931 C. 192 H. MELSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 — 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Alcoholism

(duration) yrs. mos. 6 hrs

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 6 hrs

18 Where was disease contracted if not at place of death? Essex

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Diag History

(Signed) G. E. Gates, M. D. Coroner

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/20/19 31

20 UNDERTAKER John J. Connelly

ADDRESS Essex

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 65753 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65753

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Madison Av ST. 13-59 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestine Winston

(a) RESIDENCE NO. 2331 Madison Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE colored 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Winston

6 DATE OF BIRTH (month, day, and year) 9-15-1901

7 AGE Years 29 Months 5 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone operator

(b) General nature of industry, business, or establishment in which employed (or employer) Apt. House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George Winston (husband) (Address) 1200 Madison Ave

15 Filed FEB 19 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 17, 1931, that I last saw her alive on Feb 17, 1931, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. R. Rizzo, M. D.

2/17, 1931 (Address) 1506 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cavalry Cemetery

DATE OF BURIAL Feb 20, 1931

20 UNDERTAKER John M. Johnson

ADDRESS 2338 Madison Av

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65754

E 65754

137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 1420 WARD)

2-FULL NAME Joseph A Beakey

(a) RESIDENCE NO. 1403 John St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
(husband) of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4-1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Louis
(State or country) Mo

PARENTS

10 NAME OF FATHER John Beakey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Emmitsburg Md

12 MAIDEN NAME OF MOTHER Mary A Kelly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Catherine Beakey
(Address) 1403 John St

15 Date 1 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18-1931

17 I HEREBY CERTIFY, That I attended deceased from 1-18- , 1931 to 2-18 , 1931,

that I last saw him alive on 2-18 , 1931,

and that death occurred, on the date stated above, at 4 50 P m.

The CAUSE OF DEATH* was as follows:

TB Cystitis - Debility

(duration) ..... yrs. ..... mos ? ..... ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy c Urinary Obstruction

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam - Cystoscopic

(Signed) Hjalmar S. Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb 20 1931
UNDERTAKER	ADDRESS
Geo Pirano & Son	118 W Mt Royal Ave

Spec.—1-30—M. & T.—250 Bks

E 65755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 W. Fairmount Ave. 20-69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry F. Hartwell

(a) RESIDENCE No. 2742 W. Fairmount Ave., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie B. Hartwell (nee Hodgkins)

6 DATE OF BIRTH (month, day, and year) July 21, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	6	27 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER George Hartwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Rose Bamerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Nellie B. Hartwell
(Address) 2742 W. Fairmount Ave.

15 Filed FEB 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1930, to Feb. 18, 1931, that I last saw him alive on Feb. 17, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 5 mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James [illegible] M. D.

2/19/31 19 (Address) 724 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 2/20/31

20 UNDERTAKER Harry A. Witzke, 4101 Edmondson Ave

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 65756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65756

CERTIFICATE OF DEATH.

REGISTERED NO. 1568

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2822 Clifton Ave. ST., (WARD)

2-FULL NAME Cecelia E. Geiger

(a) RESIDENCE NO. 2822 Clifton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. Geiger

6 DATE OF BIRTH (month, day, and year) May 7, 1867.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER David Volkmar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Struth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward A. Geiger

(Address) 2822 Clifton Ave.

Filed Feb 19, 1931, 19

HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1929, to Feb 18, 1931, that I last saw h alive on Feb 17, 1931, and that death occurred, on the date stated above, at 5.00 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Arteriosclerosis

Myocarditis

Pelvic tumor

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart decompensation

(duration) yrs. mos. 1/12 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) [illegible], M. D.

2/18, 1931 (Address) 11 W Cary St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/21/31

20 UNDERTAKER Harry S. Lutzke 4101 ADDRESS Edmondson Ave

Spec.—8-16-29—L. F. S.—100 Bks.

Kidd

E 65757

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-091 E 65757

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1726 Byrd St. ST. 24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth E. Kidd

(a) RESIDENCE NO. 1726 Byrd St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 9 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
		11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Delta, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Kidd

11 BIRTHPLACE OF FATHER (city or town) Delta, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elenora Spurry

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mr. Kidd
(Address) 1726 Byrd St.

15 Filed 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to Feb. 18, 1931, that I last saw her alive on Feb. 18, 1931 and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. C. Campbell, M. D.

2/19, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 2/20 1931

20 UNDERTAKER F. Few McCully

ADDRESS 130 E. Fort

19 1931

1-30—M. & T.—100 B—50L

E 65758

1

10-002

E 65758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Md Gen Hosp

CITY OF BALTIMORE: (No. 1 ST. 11-24 WARD)

2-FULL NAME Farleton Cuff

(a) RESIDENCE NO Laurel Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Cuff

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auto
(b) General nature of industry, business, or establishment in which employed (or employer) Mech
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Martin Cuff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Thompkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mamie Cuff

(Address) Laurel Md

15 Filed ..... 192 ..... Registrar

FEB 9 1931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: struck & knocked down by a moving auto after passing from behind one parked

(A) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Laurel Md

Did an operation precede death? yes Date of 2/14/31

Was there an autopsy? no

What test confirmed diagnosis? Clin & Surg

(Signed) H Frank, M. D. Coroner

2/14 1931 (Address) 2434 W. Belden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md

DATE OF BURIAL 2/2/1931

20 UNDERTAKER Lloyd Kausen

ADDRESS Laurel Md

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 65759

CERTIFICATE OF DEATH

E 65759

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Walbrook Ave. ST. 15th WARD)

2—FULL NAME Mrs Catherine Wideman

(a) RESIDENCE NO. 2020 Walbrook Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred since bot an out yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of N. Howard Wideman

6 DATE OF BIRTH (month, day, and year) Sept 12 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6 3	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Oeklag.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Louisa Geltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Daughter
(Address) 2020 Walbrook Ave

15 Filed ..... 19 ..... Registrar

FEB 19 1931 C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 18/31

17 I HEREBY CERTIFY, That I attended deceased from Feby 13, 1931, to Feby 18, 1931, that I last saw her alive on Feby. 18th, 1931 and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows: Influenza, (with old heart trouble & dropsy) Cyst ovary

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) Raymond ..... M. D.

2/18, 1931 (Address) 1605 N. Norwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Randallstown

DATE OF BURIAL Feb 20 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Balto St

Spec.—1-30—M. & T.—250 Bks.

E 65760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65760

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 20-72

JAMES J. A. NOLAN

2-FULL NAME Mr James J. Nolan

(a) RESIDENCE No. 608 Frederick Road., Catonsville ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Peddicord Nolan
Mrs Nolan

6 DATE OF BIRTH (month, day, and year) March 19, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	~~50~~	10	29	

8 OCCUPATION OF DECEASED Druggist

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer J. J. Nolan Co.

9 BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

PARENTS

10 NAME OF FATHER Bernard Nolan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Faya

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

Informant Mrs. Mary Nolan
(Address) 608 Frederick Road, Catonsville

FEB 19 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1930, to 2/17, 1931, that I last saw him alive on 2/17, 1931, and that death occurred, on the date stated above, at 11 40 p m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchiectasis, Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Robt Hewson, M. D.

2/17, 1931 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Feb. 20, 1931

20 UNDERTAKER J. H. Cook

ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bks.

E 65761

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 65761

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST., WARD) 19-26

2. FULL NAME Anna Harris

(a) RESIDENCE No. 510 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: Estimated as 65? Months: ..... Days: ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Kent Co. Md.

PARENTS

10 NAME OF FATHER: James Tilghman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co. Md.

12 MAIDEN NAME OF MOTHER: Matilda Frisby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Md.

14 Informant: Records of (Address) Balto. City Hosp.

15 C. HAMPSON JONES, M. D. Registrar

FEB 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16-31

17 I HEREBY CERTIFY, That I attended deceased from 2-7-31, 19..., to 2-16-31, 19... that I last saw him alive on 2-16-31, 19... and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) UNKNOWN yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-18 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 2-20-31, 19 FEB 19 1931

20 UNDERTAKER: Jesse W. Chandler

ADDRESS: Baltimore City Health

UNIVERSITY OF MARYLAND

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65762

107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 3-4

2-FULL NAME John Adolph

(a) RESIDENCE No. 1408 E. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Adolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-31

17 I HEREBY CERTIFY, That I attended deceased from 9-18-29, 19..., to 2-16-31, 19..., that I last saw him alive on 2-16-31, 19..., and that death occurred, on the date stated above, at 6:50 A. m.

The CAUSE OF DEATH* was as follows:

Simulated intermittent arteriosclerotic gangrene left foot

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Earl M. Cookerwell, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evangelical — DATE OF BURIAL 2/25/31, 19

20 UNDERTAKER J. Sauder & Sons 1710 Eut — ADDRESS

UNIVERSITY OF MARYLAND
FEB 19 1931
C. HAMPSON JONES, M. D.
Registrar of Vital Statistics

Spec.—1-30—M. & T.—250 Bks.

E 65763

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 65763

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md ST. 8-17 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Feige

(a) RESIDENCE No. 1718 N. Durham ST. ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of Rose Feige
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hr. or ....min.
	69	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Feige

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address) Balto City Hospitals

15 Filed 19 C. HARRISON JONES, M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/31

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 1931, to 2/17, 1931, that I last saw him alive on 2/17, 1931, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senile Psychosis

Colitis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical findings

(Signed) Harry Gradwohl M. D.

2/18, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 2/21/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

E 65764

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65764

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 5-8

2. FULL NAME William James Sisselberger

(a) RESIDENCE No. 4 N. Front st. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Jas. Sisselberger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Weichert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

1 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 19 30, to Feb. 19, 19 31 that I last saw him alive on Feb. 19, 19 31 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) yrs. 5 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Feiner M. D.

2-19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb 21 19 31

20 UNDERTAKER Redmond Fore ADDRESS 1723 W. Pratt Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65765 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65765

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE, (No. Caton & Wilkens Ave ST., 22-30 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Cornot

(a) RESIDENCE NO. 624 Hanover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	wh.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1923

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
7	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Cornot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margt. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John Cornot

(Address) 624 Hanover St

15 Filed 1 9 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 1931 to 2/18/31 at 6:30 P.M. that I last saw him alive on 2/18/31, 1931, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Empyema

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Resolving Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? 624 Hanover St.

Did an operation precede death? Chest tap Date of 2/18/31

Was there an autopsy? no

What test confirmed diagnosis? Chest tap —

(Signed) [illegible] M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Feb 21 1931

20 UNDERTAKER Fred A. Krause & Son

ADDRESS 703 S. Howard St.

Spec.—9-30—A. & Co.—250 Bks

E 65766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 65766

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Aliceanna St. ST. WARD)

2 FULL NAME Jozefa Grzymata

(a) RESIDENCE No. 1603 Aliceanna St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1930

7 AGE: Years ..... Months 7 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 000
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER Victor Grzymata
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Catherine Wengrzyniak
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Victor Grzymata
(Address) 1603 Aliceanna St.

15 Filed 19 91931 19 A. C. HAMPSON JONES, M. D. Registrar
NCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to Feb. 18, 1931
that I last saw her alive on Feb. 18, 1931
and that death occurred, on the date stated above, at 9.50 p.m.
The CAUSE OF DEATH* was as follows:

~~Lobar~~ pneumonia.
Bronchio-pneumonia
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Entero-Colitis
(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? P.S.A.S.
(Signed) John V. Szczerbicki M. D.
(Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. Balt. — DATE OF BURIAL: Feb 20 1931

20 UNDERTAKER: John M. Weber — ADDRESS: 1014 Chester St.

FOR is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65767

CERTIFICATE OF DEATH

18 | E 65767

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. 1622 Ward)

2-FULL NAME Sarah Clayborn

(a) RESIDENCE NO. 1101 N. Calhoun St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew

6 DATE OF BIRTH (month, day, and year): 1880-Oct 2

7 AGE: Years 50 51 | Months 4 | Days 14 | IF LESS than 1 day ..... hrs. ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: .....

9 BIRTHPLACE (city or town): A. A. Co Md
(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town): A A Co
(State or country)

12 MAIDEN NAME OF MOTHER: Maggie Randall

13 BIRTHPLACE OF MOTHER (city or town): A A Co
(State or country): Md

14 Informant: Chas Peters
(Address): 1312 N. Carey

Filed 1931 G. HAMPSON JONES, M. D., Registrar. 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns
Oil Superheated
(duration) yrs. few hours

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D.

Feb 16 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/20 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65768

13 | E 65768

CERTIFICATE OF DEATH

REGISTERED NO. 14-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Druid Hill ST., WARD)

2—FULL NAME Martha Ann Johnson

(a) RESIDENCE NO. 2123 Druid Hill ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Johnson

6 DATE OF BIRTH (month, day, and year) April 7 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	8 10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assisted in Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co Va

PARENTS

10 NAME OF FATHER Simon Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va

12 MAIDEN NAME OF MOTHER Elizabeth Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

14 Informant Bessie Covington

(Address) 2123 Druid Hill Ave

15 1 3 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 18, 1931, that I last saw her alive on Feb 17, 1930 and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age - Arteriosclerosis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

2/18, 1931 (Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/20/1931

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 Druid Hill

Spec.—1-30—M. & T.—250 Bks.

E 65769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65769

CERTIFICATE OF DEATH.

REGISTERED NO. 11-7497

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jennie Bell ST. WARD)

2-FULL NAME 437 W. Biddle St

(a) RESIDENCE NO. 437 W. Biddle St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Robt Bell

6 DATE OF BIRTH (month, day, and year) Aug 8th 1877

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
3	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Sam Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ✓

14 Informant Robt Bell
(Address) 437 Biddle St

15 Filed 1-7 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/31

17 I HEREBY CERTIFY, That I attended deceased from 12/6/30, 19..., to 1/18/31, 19..., that I last saw h~~e~~ alive on 1/18/31, and that death occurred, on the date stated above, at 10:55 A.M. m.

The CAUSE OF DEATH* was as follows:
Progressive, bulbar Paralysis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Hard work
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

1/19/31 (Address) 727 Mont ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/20/1931

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Park Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65770 E 65770

CERTIFICATE OF DEATH.

1-24-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 McCulloh ST. 11 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Samuels

(a) RESIDENCE NO. 1201 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm.

6 DATE OF BIRTH (month, day, and year): Feb. 28-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Maria Samuels
(Address) 1201 McCulloh

Filed 1 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14 1930, to Feb. 17 1931, that I last saw her alive on Feb 17 1931, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:
Myocarditis, Hypertension, Chr. Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arnold Krechman M. D.

2-19, 1931 (Address) 5-W. Centre Street Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 2/20/1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill

Spec.—9-30—A. & Co.—250 Bks.

E 65771

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 65771

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division ST. 7th WARD)

2 FULL NAME David Doage

(a) RESIDENCE No. 305 S. Durham St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ella Doage
(Address) 305 S. Durham St.

15 Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1931, to Feb. 19, 1931 that I last saw him alive on Feb. 19, 1931 and that death occurred, on the date stated above, at 2 A M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mns. 7 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. N. B. Butler M. D.

2/19, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lacks, Va.

DATE OF BURIAL 2/21/1931

20 UNDERTAKER Mrs. Geo. A. Holland

ADDRESS 1031 Druid Hill

Spec.—9-30—A. & Co.—250 Bks.

65772 HEALTH DEPARTMENT—CITY OF BALTIMORE

65772

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. ..... WARD)

2. FULL NAME Francis Dougherty

(a) RESIDENCE No. Wilkesdale Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Dougherty

6. DATE OF BIRTH (month, day, and year) July 1 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pa

PARENTS
10. NAME OF FATHER Jones Dougherty
11. BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12. MAIDEN NAME OF MOTHER Ellie McDonnell
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14. Informant Mrs. Francis Dougherty
(Address) Wilkesdale Md.

15. B 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1931 to Feb 19 1931 that I last saw him alive on Feb 19 1931 and that death occurred, on the date stated above, at 11 05 a.m.

The CAUSE OF DEATH* was as follows:

Cellulitis of left forearm (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? yes (Date of 2/18/31 2/14/31)
Was there an autopsy? no
What test confirmed diagnosis? Clinical & laboratory
(Signed) Chas. L. Steele M. D.
(Address) Bon Secours Hosp.

19. *State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's cemetery Md. — DATE OF BURIAL Feb 21 1931

20. UNDERTAKER Geo. H. Hitt — ADDRESS Fairmount Grove Pa

FOR IMPORTANCE OF CERTIFICATE, SEE INSTRUCTIONS ON BACK

Spec.—9-30—A. & Co.—250 Bks.

E 65773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65773

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD) W-20

2. FULL NAME Dr. Samuel Thomas Earle

(a) RESIDENCE No. 1431 Linden Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? 81 yrs. 2 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ginette T. Earle

6. DATE OF BIRTH (month, day, and year) Dec 2-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): Medicine
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Centreville Maryland

PARENTS
10. NAME OF FATHER: Samuel T. Earle
11. BIRTHPLACE OF FATHER (city or town) (State or country): Centreville Maryland
12. MAIDEN NAME OF MOTHER: Mary Brundige
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14. Informant: Mrs. T. Earle (wife)
(Address): 1431 Linden Ave

15. Date FEB 20 1931 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 19, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 1931 to ....., 19..., that I last saw him alive on Feb 19, 1931, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:
Angina pectoris
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Walker M. D.
19 (Address) 12 Center St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Centreville Md
DATE OF BURIAL: Feb 21 1931
UNDERTAKER: Stewart Crowle
ADDRESS: Balto

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

65774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-2 65774

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wyman Park Apts ST. 13-52 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Caroline R. Brown O'Connell

(a) RESIDENCE No. 2 Wyman Park Apts ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How Long in U. S., if of foreign birth? 86 yrs. 2 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. H. O'Connell

6 DATE OF BIRTH (month, day, and year) Dec 5 1844

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) South Egremont (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Robert T. Brown

11 BIRTHPLACE OF FATHER (city or town) Sheffield (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Caroline Bushnell

13 BIRTHPLACE OF MOTHER (city or town) Sheffield (State or country) Massachusetts

14 Informant Mrs W M Lewis (daughter) (Address) Seneca apts. City

15 FEB 20 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1931, to Feb 18 1931, that I last saw he alive on Feb 18 1931, and that death occurred, on the date stated above, at 10 35 p m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. N. Mortimer M. D.

19 (Address) 530 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery | DATE OF BURIAL Feb 20 1931

20 UNDERTAKER Stewart & Brown & Foute. | ADDRESS

TION is very important. See instructions on certificate

Spec.—9-30—A. & Co.—250 Bks.

E 65775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65775

CERTIFICATE OF DEATH.

13-50131

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2740 St Paul ST. 12 WARD)

2. FULL NAME Kate Guyton Pannebaker

(a) RESIDENCE No. 2740 St. Paul ST. 12 WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 63 yrs. 1 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. W. M. Pannebaker

6. DATE OF BIRTH (month, day, and year) Jan 12 1868

7. AGE: Years 63 Months 1 Days 6 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Balto. Co. Maryland

PARENTS

10. NAME OF FATHER: Norvall W. Guyton
11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co. Md.
12. MAIDEN NAME OF MOTHER: Katharine Luff
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Bucks Co. Penna

14. Informant (Dr. W. M. Pannebaker Husband)
(Address) 2740 St. Paul St. City

15. Filed ... 19 ... Registrar

E. C. HAMILTON JONES, M. D.

FEB 20 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feby 18. 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 15 1931 to Feby 18 1931 that I last saw h[illegible] alive on Feby 18 1931 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis, Arteriosclerosis (duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary & clinical

(Signed) Hellen F. Hellman M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Feb 21 1931

20. UNDERTAKER: Stewart Mann Co. — ADDRESS: Balto

FROM R very important. See instructions on

Spec.—8-16-29—L. F. S.—100 Bks.

65776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 65776

1—PLACE OF DEATH

REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 703 Woodbourne Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nannie A. Atkinson.

(a) RESIDENCE NO. 703 Woodbourne Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Atkinson

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ----

(c) Name of employer ----

9 BIRTHPLACE (city or town) (State or country) Cambridge Md.

PARENTS

10 NAME OF FATHER John Mowbray

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Fupheymania

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Snow Hill, Md.

14 Informant Lieut. James W. Atkinson.
(Address) 201 N. Monroe St.

15 Filed B 20 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Feb 18, 1931, that I last saw h[illegible] alive on Feb 18, 1931 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis, Chronic Nephritis
Acute Myocarditis.

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Cardiac Dilitation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S W Busby, M. D.

Feb 19. 1931 (Address) 502 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetry.

DATE OF BURIAL 2/20/31 19

20 UNDERTAKER C. Vernon Lemmon.

ADDRESS 4611 Park Heights

Cor.—10-10-29—A Co.—100 Bks.

65777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 | E 65777

21-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1000 S. Eutaw St. St. Ward)

2-FULL NAME John Moore. (C)

(a) RESIDENCE NO. 1000 S. Eutaw St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) Do not know.
(State or country)

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) Do not know.
(State or country)

14 Informant Elizabeth Waters. (C)
(Address) 1000 S. Eutaw St.

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/19/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Ct — DATE OF BURIAL 2/21/31

20 UNDERTAKER Isaiah L. Brown — ADDRESS 1018 W. Monroe St

B 201931

Property classified. Exact statement of accident or injury must be given in every case of death from violent or suspicious causes, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

65778

82-001

E 65778

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Beverly Road ST. 27-4 WARD)

2-FULL NAME Frederick W. Timmermann

(a) RESIDENCE NO. 3014 Beverly Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Timmermann

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Do
(State or country) Do

12 MAIDEN NAME OF MOTHER Do

13 BIRTHPLACE OF MOTHER (city or town) Do
(State or country)

14 Informant Marie A. Colburn
(Address) 3014 Beverly Road

15 Filed ....., 19 ..... Registrar

C. HARRY JONES, M. D.

20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1931, to Feb. 18th, 1931, that I last saw him alive on Feb. 18th, 1931, and that death occurred, on the date stated above, at 11.27 P m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. R. Coulton, M. D.

Feb. 19, 1931 (Address) 3409 Gamson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb. 21, 1931.

20 UNDERTAKER Mr & Mrs. John W. Teufel & Son

ADDRESS W. Fayette St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65779

CERTIFICATE OF DEATH

1085

REGISTERED NO. E 65779

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Vincent ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Herbert

(a) RESIDENCE NO. 204 S. Vincent ST. 19th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer Water Department

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mary Aud
(Address) 204 S Vincent st

15 Filed 20 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31

17 I HEREBY CERTIFY. That I attended deceased from 2/12/ 1931 to 2/18/ 1931, that I last saw h alive on 2/18/31, 19 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) thirty yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Bernard J. Tum, M. D.

2/19/1931 (Address) 110 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb. 21st 1930

20 UNDERTAKER A. Jones

ADDRESS 111 S Gilmor st

Spec.—1-30—M. & T.—250 Bks

E 65780

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 ✓ E 65780

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Edmond Jones

(a) RESIDENCE No. 1302 Williams St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 15. 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry A Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jenette Rubenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant Jeanette Jones

(Address) 1302 Williams St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17, 1931, to 2-18, 1931, that I last saw him alive on 2-18, 1931, and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Empyema, left chest

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E. W. Preakes, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL February 21 1931

20 UNDERTAKER John Ullrich

ADDRESS 200 E Orleans

8 20 1931 HARRISON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 65781 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65781

100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N Rose ST. 6-10 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Preitz,

(a) RESIDENCE No. 115 N Rose ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Herman Preitz

6 DATE OF BIRTH (month, day, and year) Oct 14 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Pausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lost Mum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Herman Preitz
(Address) 115 N. Rose St

15 Filed FEB 20 1931 19.....
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1931 to Feb 16 1931, that I last saw he alive on Feb. 16 1931 and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:

Venous Ulcer of leg.
General Septicemia
(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwarz Cemetery

DATE OF BURIAL Feby 20 1931

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 65782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65782

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Warren Ave ST., 24-33 WARD)

2-FULL NAME Margaret Emily Bromwock

(a) RESIDENCE No. 309 Warren Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward K. C. Bromwock

6 DATE OF BIRTH (month, day, and year) Jan 30-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	–	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer self

9 BIRTHPLACE (city or town) Dorchester Co
(State or country) Md

PARENTS

10 NAME OF FATHER John Bramble

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Thursa Jane Simmons

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs. John M Mollen
(Address) 309 Warren Ave

15 Filed FEB 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19. 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13-, 1931 to Feb 19. 1931, that I last saw her alive on Feb. 17-, 1931 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G. E. Burton, M. D.

2/19-31, 1931 (Address) 301-E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md.

DATE OF BURIAL Feb 20 1931

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65783

CERTIFICATE OF DEATH

210-09

13-59

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Baltimore General Hospital St., ... Ward)

2-FULL NAME Morton M. Fox

(a) RESIDENCE NO. Lake Drive Apts. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia Rich Fox

6 DATE OF BIRTH (month, day, and year) June 26, 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Robert Fox

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sylvia Miller

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mr. Robert Lee Fox
(Address) Georgian Court Apts.

15 Filed FEB 20 1931 C. HAMPSON JONES, M. D. Registrar
By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto in which he was riding ran off of road and into ditch

(a) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nasal nose (possible nasal sinus) Hemiplegia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Likely Myers Va

Did an operation precede death? no Date of Co. Co.

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Frank, M. D.

2/14 1931 (Address) 2939 McElderry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 2/20/ 1931

20 UNDERTAKER Baird Sondheimer & Son

ADDRESS 1902 Eutaw Place

Cor. DEATH in plain terms, so that it may be the property certificate. important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65784

E 65784

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 South Broadway ST. ..... WARD) D-4

2. FULL NAME VERONICA KNEAVEL

(a) RESIDENCE No. 103 South Broadway ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 42 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MATHIAS KNEAVEL

6 DATE OF BIRTH (month, day, and year) Dec 8 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOME WORK

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) GERMANY

PARENTS

10 NAME OF FATHER FRANK KILKOWSKI

11 BIRTHPLACE OF FATHER (city or town) (State or country) GERMANY

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) GERMANY

14 Informant MARY KRANTZ
(Address) 103 S. BROADWAY

15 C. HAMPSON JONES, M. D.

FEB 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 18, 1931, that I last saw he alive on Feb 17, 1931, and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What tests confirmed diagnosis? —

(Signed) G. E. Cadell M. D.

Feb 30, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOLY REDEEMER CEMETERY

DATE OF BURIAL FEB 21 1931

20 UNDERTAKER Martin W. E. Dippel Inc.

ADDRESS 37 S ANN ST

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65785 108 E 65785

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St., 18-16 Ward)

2-FULL NAME Joe Leslie

(a) RESIDENCE NO. 719½ W. Saratoga St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE Years 75 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) West Indies
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hampton Leslie
(Address) 719½ W. Saratoga

Filed 20 1931 18 C. HAMILTON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Roberts, M. D.

Feb 19 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Feb. 20, 1931

20 UNDERTAKER Mrs Katie E Williams

ADDRESS 322 Schroeder

OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65786

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65786

43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Port ST. 6-10 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Robert Wilson

(a) RESIDENCE No. 213 N. Port ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary Elizabeth

6 DATE OF BIRTH (month, day, and year) June 26, 1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68 yrs	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (old)

(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard

(c) Name of employer Balto Brick Co

9 BIRTHPLACE (city or town) Harford County
(State or country) Md

PARENTS

10 NAME OF FATHER John Wesley Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Harford County

12 MAIDEN NAME OF MOTHER Rebecca McElwee

13 BIRTHPLACE OF MOTHER (city or town) Penna
(State or country)

14 Informant Isabelle Foltz
(Address) 417 N Port St

15 Filed FEB 26 1931 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from October, 1930, to Feb. 18, 1931, that I last saw him alive on Feb. 12, 1931, and that death occurred, on the date stated above, at 12 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) None
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical aspect

(Signed) Milton H. Cumin, M. D.

2/18, 1931 (Address) 3310 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakeview Cem.

DATE OF BURIAL Feb 21 1931

20 UNDERTAKER Wm. E. Miller & Son

ADDRESS 2834 Jefferson St.

Spec.—1-12-29—M&T—500 Blks.

E 65787

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 ✓ E 65787

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Redgelly ST. 25-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant (6 mo) of Ed Thomas & Hannah Short

(a) RESIDENCE No. 2513 Redgelly ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Infant (6 mo)

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 19/31

7 AGE: Years no; Months no; Days no; If LESS than 1 day 14 hrs. or 16 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant (6 mo)

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ed Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hannah Short
(Address) 2513 Redgelly

15 Filed ..... 19..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to Feb 20, 1931, that I last saw her alive on Feb 19, 1931, and that death occurred, on the date stated above, at 4.16 a. m.

The CAUSE OF DEATH* was as follows: Premature Birth (6 mo)

(duration) no yrs. no mos 10 hrs.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Mother died well

(Signed) Raymond J. Illemann, M. D.

Feb 20, 1931 (Address) 708 Bellona Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS FEB 20 1931

Per Wm. E. Woodall

Spec.—1-12-29—MAT—500 Blks.

E 65788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65788

CERTIFICATE OF DEATH.

231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Monroe St. ST. 20-27 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Hogan

(a) RESIDENCE NO. 515 N. Monroe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 8th.1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John F. Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. McHugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary A. Hogan

(Address) 515 N. Monroe St.

15 Filed 2 0 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb.19th 1931

17 I HEREBY CERTIFY, That I attended deceased from January 1st, 1931, to Feb. 18th., 1931, that I last saw him alive on Feb. 18th., 1931, and that death occurred, on the date stated above, at 12-15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw Flavelle M. D.

2/19, 1931 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb.21, 1931

20 UNDERTAKER Chas H. Evans & Son 118 W. Mt. Royal Ave.

Sec. 710 Mal. Stat. Rev.

F 68284 E 65789 E 65789 E 65789 45

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 N. North St. 15-68 ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sophie Von Schrader.

(a) RESIDENCE NO. 2424 N. North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry von Schrader

6 DATE OF BIRTH (month, day, and year) Aug 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Ditzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wolterfeldt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sophie von Schrader
(Address) Lorraine Apts.

C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. or Dec. 1929 to Feby. 20 1931 that I last saw her alive on Feby. 18 1931 and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows: Cancer of left side of tongue, with operation Jan. 12/30, Invasion of glands at angle of left jaw, & death from erosion of blood vessels (duration) Feby 9/31 yrs. mos. ds. Treated this A.M. & fatal hemorrhage.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Probably at place of death.

Did an operation precede death? yes. Date of 1/12/30, & one later

Was there an autopsy? No.

What test confirmed diagnosis? Microscope

(Signed) D. K. Hoffman M. D.

2/20 1931 (Address) 2500 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb 23 1931

20 UNDERTAKER: W M Coulson

ADDRESS: 2238 N. North

2 0 1931

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E.65790 E 65790 E.65790 11-09 E 65790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 E. Chase ST. 9-17 (WARD)

2-FULL NAME John H. Taylor

(a) RESIDENCE No. 1426 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Taylor

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 47 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Doctor Divinity
(b) General nature of industry, business, or establishment in which employed (or employer): Preacher
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Esther Taylor
(Address) 1426 E. Chase

15 Filed 2-9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/12 1931, to 2/18 1931, that I last saw him alive on 2/18 1931, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows: La Grippe & Pericarditis

(duration) yrs. mos. 2/ ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 4 ds. 0

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas R Blake, M. D.

2/19 1931 (Address) 924 Arrington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Feb. 23 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1320 Cushing

Spec.—1-30—M. & T.—250 Bks

E 65791

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 65791

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1112 Ashland Ave ST., 1014 (WARD)

2-FULL NAME John ~~Henson~~ Henderson

(a) RESIDENCE NO. 1112 Ashland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	42

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Elizabeth Henson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Construction work.

(c) Name of employer Tredwell (Contractor) Balto Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Samuel Henson

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant John N. Cook (friend)
(Address) 1112 Ashland Ave

Filed 2-20-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Feb 18, 1931, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Generalized Arteriosclerosis (duration) yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

2/20, 1931 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon — DATE OF BURIAL Feb. 21, 1931

20 UNDERTAKER Mrs Ada Snowden — ADDRESS 1208 E. Madison St.

Spec.—8-16-29—L. F. S.—100 Bks.

E. 65792

E 65792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65792

CERTIFICATE OF DEATH

59

18-26

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Arlington ave ST., ... WARD)

2—FULL NAME Reverend Augustus A. Murray

(a) RESIDENCE NO. 532 Arlington Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city nr town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Ellen Murray

6 DATE OF BIRTH (month, day, and year) Aug 4-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer A. M. E. Church

9 BIRTHPLACE (city nr town) Calvert Co
(State or country) Md

PARENTS

10 NAME OF FATHER Augustus Murray

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country) Calvert Co.

12 MAIDEN NAME OF MOTHER Harriet Warran

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Calvert Co Md.

14 Informant Dora Ellen Murray
(Address) 532 Arlington ave

15 Filed ..... 1931 C. HAMPSON JONES, M. D., Registrar

20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19. 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1930, to Feby 19, 1931, that I last saw him alive on February 18, 1931 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia Rt Side Brain

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no .....

What test confirmed diagnosis? Urinary, Physical

(Signed) Wm. H. Wright, M. D.

2/19, 1931 (Address) 1209 Preston ave St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem.

DATE OF BURIAL Feb 21 1931

20 UNDERTAKER Mrs J. S. Socks

ADDRESS 1302 Jefferson

Spec.—1-30—M. & T.—250 Bks.

E. 65793 65793

✓ E. 65793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-1682-09 65793

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 W. Baltimore ST. ..... WARD)

2-FULL NAME Franklin Meeks,

(a) RESIDENCE No. 922 W. Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie C. Meeks,

6 DATE OF BIRTH (month, day, and year) July 4. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Wesley Meeks,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Annie C. Meeks
(Address) 922 W Baltimore St

Filed FEB 20 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 20 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/15/, 1930, to 2/20/, 1931,

that I last saw h— alive on 2/20/31, 19.....

and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) — yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy 2/13/30
(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy? —

What test confirmed diagnosis? None

(Signed) Bernard J. Fury, M. D.

2/20/, 1931 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL FEB 23 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—2-29-28—L. F. S.—500 Bks.

E. 65794

E 65794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E. 65794

E 65794

106-001

REGISTERED NO. 15-21

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N Carey ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carol A Stanley

(a) RESIDENCE NO. 1714 N Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12-31

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Stanley Gates

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Minni Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mother

(Address) 1714 N Carey

Filed 20 1931, 19 C. HAMPSON JONES, M. D. Registrar

Reg. 1668

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Feb 20, 1931, that I last saw ~~him~~ alive on Jan 12, 1931, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows: acute bronchitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Marsh test

(Signed) Luther G. Fuss, M. D.

, 19 (Address) 146 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olive	Feb. 21 1931
20 UNDERTAKER	ADDRESS
James H. Grant & Son	608 N. Gilmor

Spec.—9-30—A. & Co.—250 Bks.

65795

E. 65795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Liberty Heights St. 45 61 WARD)

2. FULL NAME Ernest C. Linton

(a) RESIDENCE No. 3603 Liberty Heights St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith May Linton

6 DATE OF BIRTH (month, day, and year) Nov. 6-1893

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector for Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Nathan Linton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Eva Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co.

14 Informant Mrs. Edith May Linton
(Address) 3603 Liberty Heights

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

2 0 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 1930, to Feb. 19 1931 that I last saw him alive on Feb. 18 1931 and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cancer - Bladder

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R. Pitts M. D.

2/19 1931 (Address) 1002 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Feb 21 1931

20 UNDERTAKER A. D. Marshall — ADDRESS 353 Fall Rd

Spec.—9.30—A. & Co.—250 Bks.

65796 E 65796 E. 65796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 65796

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 17-51 (WARD)

2 FULL NAME James Althoff

(a) RESIDENCE No. 2826 Bernard (St.) ..... (WARD) .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Sept 10, 1930

7 AGE: Years ..... Months 5 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Althoff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mabel Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Vital Records

15 C. HAMPSON JONES, M. D. Registrar

20 1931 Date 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to February 19, 1931 that I last saw him alive on February 19, 1931 and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) ..... yrs. ..... mos. ? ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) ..... yrs. ..... mos. 9 ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) G. Bowers Manderson M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Cem

DATE OF BURIAL 2/21 1931

20 UNDERTAKER H. Tracy Stone

ADDRESS .....

Spec.—1-30—M. & T.—250 Bks.

65797 E 65798

√ E 65797

HEALTH DEPARTMENT—CITY OF BALTIMORE

137

CERTIFICATE OF DEATH.

REGISTERED NO. 15-68

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J. Yelte (YELTE)

(a) RESIDENCE NO. 1816 Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Clara Bush

6 DATE OF BIRTH (month, day, and year) — 1867

7 AGE Years 64 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clara Hopkins (Address) 1816 Baltimore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 20, 1931, that I last saw him alive on Feb 20, 1931, and that death occurred, on the date stated above, at 8.00 A.m.

The CAUSE OF DEATH* was as follows: Pyonephrosis, acute prostatitis and seminal vesiculitis

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Septicemia (duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical laboratory & autopsy findings

(Signed) W. H. Varney, M.D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 2/23 1931

20 UNDERTAKER

ADDRESS 1318 Eight

Filed 20 1931 C. HAMPSON JONES, M. D. Registrar

E. 65798

1-30—M. & T.—100 B—50L

E. 65798

E 65798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 757 Vine ST. 4-26 (WARD)

2-FULL NAME Elnora Harris

(a) RESIDENCE NO. 757 Vine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 - 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ed. B. Coursey

(Address) 751 Vine St

15 Filed 2-20-1931 16 C. HAMPSON JONES, M. D. Registrar

Date M.M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquery (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquery (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Gray Gilbert, M. D. Coroner

Feb 19 31 (Address) 13 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 2-21 1931

20 UNDERTAKER Jas. M. Skinner

ADDRESS 1625 E. Pratt St

NOTE—It is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 65799

E 65799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. 97-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6406 Pinehurst Rd. (Street) (WARD)

2. FULL NAME William C. Phelps

(a) RESIDENCE No. 6406 Pinehurst Rd. (Usual place of abode) WARD

(If not resident, give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. If Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~the wife of~~ Emma Phelps

6. DATE OF BIRTH (month, day, and year) June 25th 1873

7. AGE: Years 57, Months 7, Days 25. If less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (state or country): Balto Md.

PARENTS

10. NAME OF FATHER Wm C. Phelps

11. BIRTHPLACE OF FATHER (city or town) (state or country): Md.

12. MAIDEN NAME OF MOTHER Felixena McCarley

13. BIRTHPLACE OF MOTHER (city or town) (state or country): Md.

14. Informant: Mrs Emma Phelps (Address) 6406 Pinehurst Rd.

15. 1931 Feb. 23 19 Registrar: NRW

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 20th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, to Feb. 20, 31

That I last saw him alive on Feb. 19, 31

and that death occurred, on the date stated above, at 1.55 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

Intestinal obstruction

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

Intestinal obstruction (duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What tests confirmed diagnosis? Physical examination

(Signed) George M. Gettle M. D.

2/20 1931 (Address) 2435 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 2/23/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

2 JUL 31 C. HAMPSON JONES M.D.

Spec.—9 30—A. & Co.—250 Eks

HEUSLER

65800

HEALTH DEPARTMENT—CITY OF BALTIMORE

65800

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2115 E North Ave STREET) 8-16 (WARD)

2 FULL NAME Louisa P Heusler

(a) RESIDENCE No. 2115 E. North Ave STREET WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Ernest Heusler

6 DATE OF BIRTH (month, day, and year) Nov 4 1858

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Tobias Lutz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md
12 MAIDEN NAME OF MOTHER Budget Mooney
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wm H Spear
(Address) 2003 N. Wolfe St

15 Filed ..., 19 ... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 20, 1931 that I last saw her alive on Feb 19 1931 and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (secondary) myo-carditis chronic
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirm diagnosis?

(Signed) A. F. Freundlich M. D.

19 (Address) 9 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 2/24/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

FEB 20 1931

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks. Dr. Valentine 145 Broadway Rol 0614

HEALTH DEPARTMENT—CITY OF BALTIMORE

65801 65801

CERTIFICATE OF DEATH.

107-001

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 E. Hoffman St. 8-17 WARD)

2. FULL NAME Michael Cushman

(a) RESIDENCE No. 2031 E. Hoffman St. WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna Cushman

6 DATE OF BIRTH (month, day, and year) June 15th 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Night

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Anna Cushman

(Address) 2031 E. Hoffman St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 18, 1931, to Feby 20, 1931, that I last saw him alive on Feby 20, 1931, and that death occurred, on the date stated above, at 10. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Feb 20 1931 (Address) 1 E So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemetery — DATE OF BURIAL: 2/23/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

2D 1931 C. HAMPSON JONES, M. D. Registrar

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65802

E 65802

CERTIFICATE OF DEATH.

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Washington St. 12 Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Hennie Lee Blackburn

(a) RESIDENCE No. 1018 N. Washington St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wilton R. Blackburn

6 DATE OF BIRTH (month, day, and year) May 20th 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Wilton R. Blackburn
(Address) 1012 N. Washington St.

15 C. HAMPSON JONES, M. D.
Registrar

2 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/1 1931 to 2/19 1931 that I last saw her alive on 2/19 1931 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocardial Emorrhagic

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller M. D.

2/20 1931 (Address) 1500 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 2/23/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65803

CERTIFICATE OF DEATH

E 65803

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Clifton Ave ST. 5-21 WARD)

2-FULL NAME Otto Hessel

(a) RESIDENCE No 1911 Clifton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lena Hessel

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) Meat
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Rose Vogt

(Address) 509 S. Glover St

Filed 20 1931, 192 ... C. HAMILTON JONES, M.D. Registrar

NRM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide
Asphyxia
(duration) yrs. mos. ds. Sudden

CONTRIBUTORY (Secondary) Illuminating Gas
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

Feb 19 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Cemetery

DATE OF BURIAL 2/21/1931

20 UNDERTAKER W. M. Cook

ADDRESS 1217 St Paul St

See instructions on back of certificates. ...TION is very important

Spec.—9-30—A. & Co.—250 Bks.

65804

HEALTH DEPARTMENT—CITY OF BALTIMORE

65804

CERTIFICATE OF DEATH

11-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N. Milton Ave STREET ..... WARD) 12

2 FULL NAME Anna M. Schmeizl

(a) RESIDENCE No. 1118 N. Milton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis T. Schmeizl

6 DATE OF BIRTH (month, day, and year) March 18th 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo Brumer
(Address) 1118 N. Milton Ave

15 Filed 2-20 1931 19..... C. HAMPSON JONES, M. D. Registrar
By ..... APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/15 1931 to 2/19 1931 that I last saw h alive on 2/19 1931 and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:
Fa Grippe.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Colley M. D.

19..... (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gall Cemetery — DATE OF BURIAL 2/21 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 65805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 65805

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital STREET WARD)

2-FULL NAME Jacob A. Hagarman

(a) RESIDENCE No. 315 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 29th 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
72	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Telegraph
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: B. F. Hagerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Susie E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Amelia Beard

(Address) 315 N. Broadway

TION is very important. See instructions on back of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto at an intersection

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Ribs R. Chest Punct Lung - Pneumo Fract Skull Shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Orleans & Bdwy

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin.

(Signed) H. Frame, Coroner, M. D.

Feb. 20, 1931 (Address) 2939 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Joseph Cemetery Bonneville Penna

DATE OF BURIAL: 2/21/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

204931 C. HAMPSON JONES, M. D. Registrar

Spec.—1-30—M. & T.—250 Bks.

E 65806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65806

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp.

REGISTERED NO. 27-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St. ST., WARD

2-FULL NAME Mrs Paul Kelley (Jessica Kelley)

(a) RESIDENCE NO. 4310 Rugby Road ST., WARD Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mr Paul Kelley

6 DATE OF BIRTH (month, day, and year) Nov. 17 1865

7 AGE 65 Years 3 Months 3 Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Olson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Hospital Records

(Address)

Filed 20 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 20, 1931, that I last saw her alive on Feb 20, 1931, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - lobar - right.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4310 Rugby Road

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Francis W. Sluck, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park (cremation) — DATE OF BURIAL: 2/21 1931

20 UNDERTAKER: J. M. Cook — ADDRESS: 1217 N. Paul St.

Spec.—1-30—M. & T.—250 Bks

E 65807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65807

122001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 1015 ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Whalen

(a) RESIDENCE NO. 1025 Warden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 2 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20-31

17 I HEREBY CERTIFY, That I attended deceased from 2-18-31, 19 , to 2-20-31, 19 , that I last saw her alive on 2-20-31, 19 , and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Strangulated ventral hernia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 2-19-31

Was there an autopsy? no

What test confirmed diagnosis? Justice exam.

(Signed) Fred W. Rockwell, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb 24 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager St.

1-30—M. & T.—100 B—50L

E 65808

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-002

E 65808

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 6-11 WARD)

2-FULL NAME Andrew Schnieder

(a) RESIDENCE NO 2820 E. Balto. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schneider

6 DATE OF BIRTH (month, day, and year) Nov 22/1858

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	72	2	27 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 6
(c) Name of employer H.L.Maas & Sons

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Schneider
(Address) 2820 E. Balto., St.

15 Filed ....., 192 ..... Registrar

FEB 21 1931 HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Frac. Ribs- bilateral & punctured lungs. Buried under caving wall of dirt, while working on erection of Public School Building (duration) Carolina & Mo-

CONTRIBUTORY (Secondary) Elderry Sts. Accidental (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? as above

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D. Coroner

Feb 19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 23 1931

20 UNDERTAKER Frank A. Fink — ADDRESS 915 N. Gay St

FROM BACK OF CERTIFICATE. ...ION IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65809 49 E 65809

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Gay ST. N-13 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma E Wolfe

(a) RESIDENCE NO. 921 N Gay St ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Wolfe

6 DATE OF BIRTH (month, day, and year) Feb 12/1856

7 AGE: Years 75 Months Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lawrence Fehs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Heffner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Wolfe.
(Address) 921 N Gay St

Filed Feb 21 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 1930, to Feb 20 1931, that I last saw her alive on Feb-20 1931 and that death occurred, on the date stated above, at 12-10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus (duration) yrs. 5 mos. 11 ds.

CONTRIBUTORY (Secondary) Edema Lungs (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

Feb 20, 1931 (Address) 1631 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem. DATE OF BURIAL Feb 23 1931

20 UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65810 — 001 — 92 E 65310

CERTIFICATE OF DEATH.

Amended 9-7-48

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Paddington Road ST.) (WARD 47-48)

2 FULL NAME Anna E. Weikel

(a) RESIDENCE NO. 208 Paddington Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 62 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Weikel

6 DATE OF BIRTH (month, day, and year): Nov 11 1850

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Wm F. Weikel
(Address): 208 Paddington Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-18-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 1931, to Feb 18th, 1931, that I last saw her alive on Feb 18th, 1931, and that death occurred, on the date stated above, at 6-a. m.

The CAUSE OF DEATH* was as follows:
Influenza and Bronchitis

To my knowledge (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart affection (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances Ann Carpenter M. D.

2-19 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 21 1924

20 UNDERTAKER: Wm Gladnetstone — ADDRESS: Nat'l Bra

C. Harvey Jones M.D.
RRW

Spec.—2-29-28—L. F. S.—500 Bks.

E 65811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65811

CERTIFICATE OF DEATH

REGISTERED NO. 59

1—PLACE OF DEATH Home for Incurables (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 40th & Roswick Rd ST., 13-5 WARD)

2—FULL NAME Talitha Bonner

(a) RESIDENCE NO. Home for Incurables ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Monroe Bonner

6 DATE OF BIRTH (month, day, and year) Feb. 20-1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md

PARENTS

10 NAME OF FATHER Theodor Rohrbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dresden Germany

12 MAIDEN NAME OF MOTHER Amanda Conradi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Hospital Records.
(Address)

15 FEB 21 1931 19 C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to Febry 19, 1931 that I last saw h LA alive on Febry 19, 1931 and that death occurred, on the date stated above, at 7 20 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of heart & aorta (duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory Exam

(Signed) W. W. B. Mayo M. D.

Feb 20, 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Feb 21 1931

20 UNDERTAKER W. M. Fletcher & Sons

ADDRESS North & Pa

Spec.—0 30—A. & Co.—250 Bks

65812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 65812

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Melville ave ST. 9-47 WARD)

2-FULL NAME Luther E. Harn

(a) RESIDENCE No. 602 Melville ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida A Harn

6 DATE OF BIRTH (month, day, and year): July 7-1856

7 AGE: Years 74 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fridelfing Ind.

PARENTS

10 NAME OF FATHER: Abram Harn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Eliz. Gosnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Gertie Harn
(Address): 602 Melville av

15 Filed ..... 19 ..... Registrar

21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Feb. 19, 1931 that I last saw him alive on Feb 19, 1931 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interst. Nephritis

(duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Cerebral Sclerosis (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) F W Westhoff M. D.

2/20 1931 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: 2-21 1931

20 UNDERTAKER: L J Rauch

ADDRESS: Lafayette

TION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—9-30—A. & Co.—250 Bks.

65813 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65813

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 70-27 WARD)

2 FULL NAME Frank Warner

(a) RESIDENCE NO. 1926 W Fairmount Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza J. Warner

6 DATE OF BIRTH (month, day and year) Dec. 1, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) O.K.

(c) Name of employer United Railway & Elec Co.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Warner
(Address) 1926 W. Fairmount Ave

15 Filed Jan 21, 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/31

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1931, to 2-21, 1931

that I last saw him alive on 2-21, 1931

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis with edema.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyhe M. D.

2/4, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/23, 1931

20 UNDERTAKER J. B. Hufford

ADDRESS 30 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

Dr. Kaufmann
1224 Linwood

1931
65
~~1966~~

E. 65814 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65~~1966~~

CERTIFICATE OF DEATH.

46

24-33

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1429 Patapsco St. WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edward Grossman

(a) RESIDENCE No. 1429 Patapsco ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence F. Grossman

6 DATE OF BIRTH (month, day, and year) Jan 15, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Blower

(b) General nature of industry, business, or establishment in which employed (or employer) Lumbell Bros

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER Ed. Grossman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md.

12 MAIDEN NAME OF MOTHER Mathilda Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cumberland Md.

14 Informant Florence F. Grossman
(Address) 1429 Patapsco St.

15 Filed ..... 19 ..... Registrar

21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1930, to Feb 18, 1931
that I last saw him alive on Feb 18, 1931
and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
carcinoma of stomach & intestines

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) cardio vascular-renal

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual phy. exam.

(Signed) Louis F. Krumein M. D.

19 (Address) 722 N. Linwood ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 2/21 31

UNDERTAKER F. A. Wagner

ADDRESS 1850 N. Potts St.

Spec.—1-12-23—M&T—500 Bks.

E 65815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65815

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2432 Fredk Ave ST. 70-69 WARD)

2-FULL NAME Mary D. Haigis

(a) RESIDENCE No. 2432 Frederick Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Haigis

6 DATE OF BIRTH (month, day, and year) Jan 9 1879

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	52	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

(c) Name of employer .....

037

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John Murder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Rakinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant L. Haigis
(Address) 2432 Fredk Ave

15 Filed ..... 19 ..... Registrar .....

C. HAMPSON JONES, M. D.

FEB 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1931

17 I HEREBY CERTIFY That I attended deceased from March 1, 1930 to Feb 19, 1931, that I last saw her alive on Feb 19, 1931, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical only

(Signed) M. A. Kuell, M. D.

2/19, 1931. (Address) Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 21 1931

20 UNDERTAKER E. N. Shipley

ADDRESS 1306 Eutaw Place

Spec.—1-12-23—M&T—500 Blks.

Rec. Glenn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65816

E 65816

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen. Hospital (ST.) (WARD)

2-FULL NAME Mrs. Emma Rossing

(a) RESIDENCE NO. 2247 West Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. L. Rossing

6 DATE OF BIRTH (month, day, and year): Dec 3rd 1882

7 AGE: Years 48 Months 3 Days 17 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Fred'k Dorguth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lyonne Nisplet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: H. Jones (Address): High Haus Pedgewood

15 Filed: 2 1 1931 19 Registrar: THOMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15 1931 to Feb. 20 1931, that I last saw her alive on Feb. 20 1931 and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows: Hypertensive Cardio-vascular-renal disease (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted (if not at place of death?) Home ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical-Laboratory

(Signed) H. Cashman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Feb 25th 1931

20 UNDERTAKER: J. B. Wappert ADDRESS: 1850 W. Baltimore St

Spec.—9-30—A. & Co.—250 Bks

E 65817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65817

CERTIFICATE OF DEATH

107

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Milton Ave. St. 10 WARD)

2 FULL NAME Alvin Albert Myers

(a) RESIDENCE NO. 408 N. Milton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Aug 13/1930

7 AGE: Years ..... Months 6 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas. B. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Dorothy Knoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Dorothy Myers
(Address) 408 N Milton Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 19, 1931, that I last saw him alive on Feb 19, 1931, and that death occurred, on the date stated above, at 2:30 p.m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) cigt

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Fecaci M. D.

2/20 1931 (Address) 3901 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — DATE OF BURIAL: Feb 21 1931

20 UNDERTAKER: Philip Herwig — ADDRESS: 3016 Orleans St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65818

CERTIFICATE OF DEATH.

20-72 12/1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2242 Prentiss Place WARD)

REGISTERED No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edward Shaughnessy

(a) RESIDENCE No 2224 E Lago ST., ... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Shaughnessy

6 DATE OF BIRTH (month, day, and year) May 1/1848

7 AGE: Years 82 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Gas

(c) Name of employer: Maker

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Michael Shaughnessy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Gertrude Shaughnessy (Address) 2242 Prentiss Place

15 Filed FEB 21 1931, 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Feb 19, 1931 that I last saw him alive on Feb 19, 1931 and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia (duration) yrs. mos. 1 ds.

Arteriosclerosis Chronic Nephritis (Secondary) Myocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B. Lumpkin M. D. M. D.

2/20, 1931 (Address) 1917 Park Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL 2/21/31, 19

20 UNDERTAKER: Philip Herzog

ADDRESS 2016 Orleans St

See instructions on back of certificates. ATION is very important.

1-30—M. & T.—100 B—50L

E 65819

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 vE 65819

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 5-8 WARD)

2-FULL NAME Richard Giles

(a) RESIDENCE NO 308 N. Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2/26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	4	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Colombus Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Masters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Colombus Giles
(Address) 308 N. Eden St

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Purulent Meningitis (Meningococcic)

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [signature], Coroner, M. D.

Feb 19 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemet

DATE OF BURIAL 2/ 21 1931

20 UNDERTAKER Edward Bryan

ADDRESS 4 New Orleans st

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65820

82-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E. Patterson Park Ave ST. ..... WARD)

2 FULL NAME William H. Eckman

(a) RESIDENCE No. 118 E. Patterson Park Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan M. Eckman.

6 DATE OF BIRTH (month, day, and year): June 8 - 1852

7 AGE: Years 78 Months 8 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Mnfg.
(c) Name of employer: Md Glass Co

9 BIRTHPLACE (city or town) (State or country): Wrightstown N.J.

PARENTS
10 NAME OF FATHER: Beckly Eckman
11 BIRTHPLACE OF FATHER (city or town) (State or country): N.J.
12 MAIDEN NAME OF MOTHER: Caroline Worlan
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Mrs. W. H. Eckman
(Address): 118 E. Patterson Park Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 - 1930 to Feb. 20 - 1931
that I last saw him alive on " 20 " 1931
and that death occurred, on the date stated above, at 11 30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary): Hypertension
(Duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. L. Neer M. D.
19 Feb 13 (Address) 408 E. Pat Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bordentown Burlington Co N.J.

DATE OF BURIAL: 2/23 1931

20 UNDERTAKER: Putman & Yore

ADDRESS: 1723 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of COMPLICATION is very important. See instructions on back of certificate.

FEB 21 1931

Spec.—1-30—M. & T.—250 Bks.

E 65821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65821

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Park ave ST.) 11-24 (WARD)

2-FULL NAME Annie Hopson

(a) RESIDENCE NO. 1109 Park ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 43 – Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Private home

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Gladys Jones
(Address): 1109 Park ave

15 Filed ..... 19 ..... WJH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/21/31

17 I HEREBY CERTIFY, That I attended deceased from 2/14/31, 31, to 2/21/31, 31, that I last saw her alive on 2/20/31, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed H. Lee Ellis, M. D.

2/23/31 (Address) 924 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Var

UNDERTAKER: Lamar Carter

DATE OF BURIAL: 2-21, 1931

ADDRESS: 916 Park ave

CAUSE OF DEATH TO BE WRITTEN IN INK. See instructions on back of certificates.
TION is very important.

G. HAMPSON JONES, M.

1-30—M. & T.—100 B—50L

E 65822

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 65822

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. Saratoga ST. 18-W WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie White

(a) RESIDENCE No 804 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26-1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Paul Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Elizabeth White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Madeline White
(Address) 804 W. Saratoga St

15 Filed ..... 192 ..... Registrar

NKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, Coroner, M. D.

2/18, 1931. (Address) 1739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL 2-21 1931

20 UNDERTAKER Lum Carter

ADDRESS 516 Gay St

TION is very important. See instructions on back of certificate.

21 1931 S. HUDSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

63823

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 63823

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 21-31

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2 FULL NAME Addie (Addisy) Burroughs (Burrows)

(a) RESIDENCE No. 802 S. Eutaw st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23		26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Charlotte North Carolina

PARENTS

10 NAME OF FATHER Ernest Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Ella Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address)

15 Filed 2-1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1931, to Feb. 19, 1931 that I last saw her alive on Feb. 19, 1931 and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Acute caseous pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seure M. D.

2-19 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Arlington Lewis — DATE OF BURIAL 2-21 1931

20 UNDERTAKER Lewis Eastman — ADDRESS 916 Pa. ave.

Spec.—1-30—M. & T.—250 Bks.

(Merfeld)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65824 E 65824

CERTIFICATE OF DEATH.

54

13-54

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Temple Garden Apt ST. ..... WARD)

2-FULL NAME Fannie Coblens Mafeld

(a) RESIDENCE NO. Temple Garden Apt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Mafeld

6 DATE OF BIRTH (month, day, and year) June 17, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Coblens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Strock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. R. H. (Address) Temple Garden Apt.

15 Filed ..... 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1925, to Sept 20, 1931, that I last saw h. alive on Feb 20, 1931, and that death occurred, on the date stated above, at 6-10 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Angina Pectoris

(duration) 12? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 6? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Unemployed Urine, Sugar

(Signed) Chas Allen Judd, M. D.

, 19 (Address) 8 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cem.

DATE OF BURIAL 2/22/ 1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

E 65825

HEALTH DEPARTMENT—CITY OF BALTIMORE

114-002

E 65825

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 18-29 WARD)

2. FULL NAME Henry Winfield Matson

(a) RESIDENCE NO. 804 W. Pratt st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Matson

6 DATE OF BIRTH (month, day, and year) Mch. 15, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter & carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Matson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Rebe Lamarr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records
(Address)

15 Filed 2-19 19 31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 19 31, to Feb. 18, 19 31 that I last saw him alive on Feb. 18, 19 31 and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH* was as follows:

Lung abscess

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Lauer M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem Balto — DATE OF BURIAL 21 19 31

20 UNDERTAKER John C. Miller 2435 E. Oliver St — ADDRESS

FILL IN ALL ITEMS. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65826 HEALTH DEPARTMENT—CITY OF BALTIMORE 52 E 65826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Sarcoma ST. 12-51 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Reba Style

(a) RESIDENCE NO. 2627 Huntington Ave ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lance Style

6 DATE OF BIRTH (month, day, and year) Aug 6 1896

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35 yr	7	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Paul Edwards

11 BIRTHPLACE OF FATHER (city or town) King William (State or country) County, Va

12 MAIDEN NAME OF MOTHER Flatie Humphrey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) County Md

14 Informant Lance Style (Address) 2627 Huntington Ave

15 Filed FEB 21 1931, 19 ..... C. HAYMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Feb 21, 1931, that I last saw her alive on Feb 20, 1931, and that death occurred, on the date stated above, at 3:50 A m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Lobular pneumonia (duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Dec 10, 1931

Was there an autopsy? no

What test confirmed diagnosis? Biopsy

(Signed) C. W. Peake, M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery — DATE OF BURIAL Feb 24 1931

20 UNDERTAKER Chas. H. Clark — ADDRESS 742 W. North Ave

Spec.—9-30—A. & Co.—250 Bks.

E 65827

HEALTH DEPARTMENT—CITY OF BALTIMORE

59v E 65827

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Wolfe st. St. 9-4 Ward)

2. FULL NAME Zuzanna Piotrowska

(a) RESIDENCE No. 410 S. Wolfe St. St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15 187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10. NAME OF FATHER Joseph Kopczynski

11. BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14. Informant Teodor Piotrowski
(Address) 410 S. Wolfe St.

15. Filed ..... 19 ..... C. HUMPSON JONES, M.D. Registrar

2 1 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1931, to Feb 20 1931, that I last saw h[illegible] alive on Feb 19 1931, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus - Gangrene both feet. to ankle joint

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy & Pneumonia

(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank A. Kreuser M. D.

. 19 (Address) 125 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. — DATE OF BURIAL: Feb 23 1931

20. UNDERTAKER: John H. Weber — ADDRESS: 401 S. Chester St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 65828

E 65828

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1024 Madison Ave

CITY OF BALTIMORE: (No. Baltimore ST. 11-24 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Mason

(a) RESIDENCE NO. 1024 Madison Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____hrs. or ____min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Walter Roye

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Winnie Mason

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penn.

14 Informant
(Address)

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931, to Feb 21, 1931, that I last saw h____ alive on _____, 19____ and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows: Congenital Atelectasis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1024 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

FEB 21 1931

Important. See instructions on back of certificate.

HAYSON JONES, M.D.
Commissioner of Health.

Spec.—1-30—M. & T.—250 Bks

E 65829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65829

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (NO. 7 Gazette & Calhoun STREET WARD)

2-FULL NAME Baby Girl Clark

(a) RESIDENCE NO. 347 East Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not married

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or 30 min.

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Robert Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Marie Johanna Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mother
(Address)

15 Filed FEB 21 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1931, to Feb. 20, 1931, that I last saw her alive on Feb. 20, 1931, and that death occurred, on the date stated above, at 10:10 Am.

The CAUSE OF DEATH* was as follows:
Prematurity (34 weeks development)

(duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (Secondary) None (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Franklin Square Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL FEB 21 1931

ADDRESS

20 UNDERTAKER

Commissioner of Health

Spec.—1-12-28—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65830 E 65830

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 652 W. Saratoga St. ST., 425 WARD)

2-FULL NAME Salvatore Maranto

(a) RESIDENCE No. 652 W. Saratoga St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Concetta Maranto

6 DATE OF BIRTH (month, day, and year) Feb. 8th.1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio Maranto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Baranco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antony Maranto
(Address) 652 W. Saratoga St.

FEB 22 1931 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16th. 1931, to Feb. 18th. 1931, that I last saw him alive on Feb. 18th 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. McCoolahan, M. D.

2/20, 1931 (Address) 24 N. Fulton Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Cemetery

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER W M Coulton

ADDRESS 2238 N Milton

Spec.—1-12-23—M&T—500 Bks.

E 65831

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 65831

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BAMORE: (No.) 728 Rosecroft Ter ST. 20-71 WARD

2-FULL NAME Mary B Hall

(a) RESIDENCE NO. 728 Rosecroft Ter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5 07

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lintheum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D C

14 Informant Harvey C Moore

(Address) 728 Rosecroft T

15 Filed FEB 22 1931 C. HUNTER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Feb 21, 1931, that I last saw he alive on Feb 21, 1931, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) H C Moore, M. D.

Feb, 1931 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER W M Rouzer

ADDRESS 2238 N Oth

Chas & Randal.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65832

CERTIFICATE OF DEATH.

92-00 E 65832

REGISTERED No. 25-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Pratt St. on Harlem) St. (NAME)

2. FULL NAME Claxton W Brown

(a) RESIDENCE No. 908 Pratt St. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie -

6 DATE OF BIRTH (month, day, and year) Sept 1 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer W. R. R.

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Saul Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Saul Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Miss Bessie Brown (Address) 908 Pratt St.

15 Filed FEB 22 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1930, to Feb 21 1931

that I last saw him alive on Feb 20 1931

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

Feb 21 1931 (Address) Randall

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del. DATE OF BURIAL Feb 23 1931

20 UNDERTAKER Wm Cole ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks

Burial 4754 Park Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65833

CERTIFICATE OF DEATH

97-088

E 65833

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4801 Palmer Ave WARD 27-56

2 FULL NAME Charles A. Goettling

(a) RESIDENCE No. 4801 Palmer Ave WARD

(Usual place of abode) (If non-residents give city or town and state)

Length of residence in city or town where death occurred Lifa yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Annie V. Goettling

6 DATE OF BIRTH (month, day, and year) May 29th 1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) (general) nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (state or country): Balto Md

PARENTS

10 NAME OF FATHER: Philip Jacob Goettling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wendell Moningan

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Mrs Goettling 4801 Palmer Ave

15 C. HAMPSON JONES, M. D. Medical Examiner

FEB 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 23 30 to Feb 19 31, that I last saw him alive on Feb 19 31, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Bulech M. D.

19 (Address) 4758 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 2/23/1931

UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Dr McMurphy 2107 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65834

CERTIFICATE OF DEATH

93-003

E 65834

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: 1 NO. 318 N. Franklintown Rd ST. 20-49 WARD

2 FULL NAME Charles L Edwards

(a) RESIDENCE NO. 318 N. Franklintown Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of ~~(or WIFE of)~~ Annie Edwards

6 DATE OF BIRTH (month, day and year) June 6 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Night
(c) Name of employer Balto Trust Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Elmington Edwards
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Sarah Walker
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie Edwards
(Address) 318 Franklintown Rd

15 Filed Feb 27 1931 H. MERSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 1 1931 to Feby 21 1931 that I last saw him alive on Feby 21 1931 and that death occurred, on the date stated above, at 1 a m

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. H. McMurphy M. D.

19 (Address) 2107 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/24 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65835

82-001 E 65835

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316 W Lexington ST., 19-th WARD)

2-FULL NAME Richard S Hartley

(a) RESIDENCE NO. 1316 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lettie Hartley

6 DATE OF BIRTH (month, day, and year) Feb 15-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68		7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS
10 NAME OF FATHER R S. Hartley
11 BIRTHPLACE OF FATHER (city or town) (State or country) England
12 MAIDEN NAME OF MOTHER Gotha White
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lettie Hartley
(Address) 1316 W Lexington St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 31, to Feb 22, 19 31, that I last saw him alive on Feb 21, 19 31, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2-1 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Lemon Lillard, M. D.

Feb 22, 1931 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 2/24 19 31

20 UNDERTAKER Robert Brooks Son

ADDRESS Calhoun Hollins St

Spec.—1-30—M. & T.—250 Bks.

E 65836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65836

CERTIFICATE OF DEATH.

59 ✓

15-21

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 N. Fulton Ave. ST., ... WARD)

2-FULL NAME John G. Schwartz,

(a) RESIDENCE No. 1410 N. Fulton Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isabelle A. Schwartz,

6 DATE OF BIRTH (month, day, and year) Jult 4. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker.

(b) General nature of industry, business, or establishment in which employed (or employer) 103

(c) Name of employer Bergs Bakery

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Daniel Schwartz,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Isabelle A. Schwartz
(Address) 1410 N. Fulton Ave

15 Filed ..... C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1930, to Feb 21, 1931, that I last saw him alive on Feb 20, 1931, and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus —
Cerebral Hemorrhage —

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary disease of Heart
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. J. Fahey, M. D.

Apl. 1, 1931 (Address) 6 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 24 1931

20 UNDERTAKER Geo. W. Little — ADDRESS 2700 Edmondson Av

Spec.—1-30—M. & T.—250 Bks.

E 65837

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 E 65837

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Leaton Avenues ST. 28 WARD 71

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr James Lewis

(a) RESIDENCE NO. 413 Westgate Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24 1864

7 AGE 66 Years; Months 4; Days 26; If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. J. Whaley
(Address) 1516 John Street

15 Filed FEB 22 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1930, to Feb. 20, 1931, that I last saw him alive on Feb. 20, 1931, and that death occurred, on the date stated above, at 5 20 a.m.

The CAUSE OF DEATH* was as follows:
Fracture left femur (Cancer)
(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage - oral (cause unknown)
(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hilmer S. Anderson M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rialto — DATE OF BURIAL 2/23 1931

20 UNDERTAKER: Ellis & White — ADDRESS 2354 Westwood

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65838 216-001 E 65838

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hosp ST. WARD) 2435

REGISTERED NO. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo E Jones

(a) RESIDENCE No Lindenwood Ave Catonsville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E Jones

6 DATE OF BIRTH (month, day, and year) Apr 24 1878

7 AGE Years 57 Months 9 Days 28 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pile driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Geo Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Burtly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Minnie E Jones.
(Address) Linden Ave Catonsville Md

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: struck & knocked down by motor auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt Carmel & Hanover

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L Stamm, M. D. Coroner

2/22 1931 (Address) 2939 W Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 2/24/31

20 UNDERTAKER Geo L Schwab

ADDRESS 2001 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

65839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65839

CERTIFICATE OF DEATH.

13 | V

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5403 Ironwood. ST. 27-43 WARD

2-FULL NAME Mary A Reynolds.

(a) RESIDENCE NO. 5403 Ironwood Road ST. (Hamilton) WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Harry Reynolds

6 DATE OF BIRTH (month, day, and year) Aug 20 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Stier

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Stier

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Millin Reynolds
(Address) 5403 Ironwood Road Hamilton

15 Filed ..... 19..... Registrar

C. HAYDON JONES, M.D.

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Feb 21, 1931.

that I last saw he alive on Feb 20, 1931

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John T. Avery, M. D.

, 19 (Address) 1603 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL Feb 23 1931

ADDRESS 1203 N. Broadway

20 UNDERTAKER Henry Lutz

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65840

65840

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Beechfield Ave., ST. 28-21 WARD)

2-FULL NAME Mary E. Holbein.

(a) RESIDENCE NO. 300 Beechfield Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Holbein.

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Flannery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. William J. Quinn.
(Address) 300 Beechfield Ave.

15 Filed 2 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1931, to Feb 19, 1931, that I last saw her alive on Feb 19, 1931, and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:
Bilateral Active Pulmonary Tuberculosis (duration) 20 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Cardiac failure (duration) ..... yrs. ..... mos. 10 da.

18 Where was disease contracted if not at place of death? — ?

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Br. sputum et.

(Signed) H. Raymond Peters, M. D.

, 19 (Address) 1608 W Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb. 23 1931
20 UNDERTAKER	ADDRESS
Henry W. Meerslow	805 N Calvert St.

Spec.—1-30—M. & T.—250 Bks.

E 65841

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

E 65841

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkins Ave ST., 28-71 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Peter~~ Strite Grace B. Strite

(a) RESIDENCE NO. 501 Chapel Gate Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel O. Strite

6 DATE OF BIRTH (month, day, and year) November 17, 1882

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: At Home

037

9 BIRTHPLACE (city or town) ~~Md~~
(State or country) Franklin County, Pa.

PARENTS

10 NAME OF FATHER Henry ~~Bonnhart~~ Barhart

11 BIRTHPLACE OF FATHER (city or town) Chambersburg
(State or country) Pa

12 MAIDEN NAME OF MOTHER Polly Zeller

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Samuel Strite
(Address) 501 Chapel Gate Lane

15 Filed ..... 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-31

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1931, to 2-19, 1931, that I last saw her alive on 2-19, 1931, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Uremia - Chronic Tubular Nephritis c̄ Edema

(duration) 7 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) P.O. Shock Complicated Hysterectomy (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 2-17-31

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam.

(Signed) Hjalmar S. Anderson, M. D.

2/19, 19 31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown, Md

DATE OF BURIAL Feb. 23 19 31

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.-7-17-26—A Co.—200 Bks.

E 65842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

E 65842

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO. _____

City of BALTIMORE: (No. _____ St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Oshearn

(a) RESIDENCE NO. Pikesville Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/15/24

7 AGE Years 7 Months Days 7 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County

(State or country) Maryland-

PARENTS

10 NAME OF FATHER John Oshearn

11 BIRTHPLACE OF FATHER (City or town) Pikesville

(State or country) County Md-

12 MAIDEN NAME OF MOTHER Lizzie Perigay

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Co. Maryland

14 Informant Samuel Oscarts

(Address)

15 Filed 2-24 1931, 19 _____ C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/31 19

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 1931, to 2/22, 1931, that I last saw h alive on 2/22, 1931, and that death occurred, on the date stated above, at 7:05 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Primo Fecal Injy)

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) James A. Miller, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Grove — Date of Burial Feb 23 1931

20 UNDERTAKER: Edward C Tipton — ADDRESS: Hampstead Md

Be very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65843

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 | E 65843

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) 3018 Harford Ave. St., 9-45 (WARD)

2-FULL NAME Robert F. Holmes.

(a) RESIDENCE No. 3018 Harford Ave. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Kate Holmes.

6 DATE OF BIRTH (month, day, and year) May 12 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gold & Silver Plating
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor
(c) Name of employer Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS
10 NAME OF FATHER Wm. Holmes.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Sheffield England
12 MAIDEN NAME OF MOTHER Ann Elizabeth Onion
13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Robert H. Holmes.
(Address) 3201 Avon Ave

15 Filed Feb 22 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 20, 1931, that I last saw him alive on Feb 19, 1931, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:
General Sclerosis, cardiac
Nephritis chronic
(duration) a few months yrs. mos. ds.

CONTRIBUTORY (Secondary) Arr. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. F. Gonnelu, M. D.
2-20-31, 19 (Address) 112 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery
DATE OF BURIAL Feb 23 1931

20 UNDERTAKER Chas. F. Black
ADDRESS 1442 W North.

Spec.—9-30—A. & Co.—250 Bks.

65844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 65844

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 4023 Fairborn Ave. 25-75
CITY OF BALTIMORE: (No. 4023 Fairborn Ave. WARD)

2. FULL NAME Shirley Ethel Henkel

(a) RESIDENCE No. 4023 Fairborn Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 22-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Vernon W. Henkel
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Ethel M. Franklin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Vernon W. Henkel
(Address) 4023 Fairborn Ave.

15 Filed _____ 19__ C. HAMILTON JONES, M. D. Registrar

B 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 4th 1931, to Feb 20th 1931 that I last saw her alive on Feb 19th 1931 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Influenza and acute bronchitis

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Irving Weinbel M. D.

3/2/1931 (Address) 1334 26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leeds Hill

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER F. A. Krause & Son

ADDRESS 203 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 65845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65845

93-001

CERTIFICATE OF DEATH.

REGISTERED NO. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 602 Temple Gordon Apt WARD)

2-FULL NAME Harris W. Rothstein

(a) RESIDENCE NO. 602 Temple Gordon Apt. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Winner Rochstein

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 58 ? Months Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Harry Rothstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Sarah Goldstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Joseph Halpern 2413 Eutaw Place

15 FEB 22 1931 19 H. LEMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Feb 21, 1931, that I last saw him alive on Feb 21, 1931, and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia (secondary) (duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Myocarditis acute (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Frank Levinson, M. D.

2/22, 1931 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cemet

DATE OF BURIAL 2/22 1931

ADDRESS 1127 E Baltimore St

20 UNDERTAKER: Sol Levinson & Bro

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

65846 232 65846

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 8-13 (WARD)

CITY OF BALTIMORE: (No. .....

2 FULL NAME Plumma Britt

(a) RESIDENCE No. 1816 E. Biddle st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Britt

6 DATE OF BIRTH (month, day, and year) Apr. 28, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	31	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

040

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Robert Britt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Henrietta Chambers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Hospital records
(Address) .....

Filed 2-22 1931 19 ..... C. Hanson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 19 31, to Feb. 20, 19 31 that I last saw him alive on Feb. 20, 19 31 and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:
Acute Caseous Pneumonia

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) David Jenner M. D.

2-20-31 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wathan Ala.

DATE OF BURIAL 2-22 19 31

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

1-30—M. & T.—100 B—50L

E 65847

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65847

CERTIFICATE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Paca St. 27-30 WARD)

2-FULL NAME Lee Sy Chiu

(a) RESIDENCE No 324 S. Paca ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

041

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lee Ying

(Address) Wolfe & Eager St

15 Filed ..... 192 ..... Registrar

B 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zeller M. D. Coroner

Feb 19 31 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 E. 14 St

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65848 107-08 E 65848

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 W. Cross St. (WARD) 21-24

2 FULL NAME Melvin L Messerschmidt

(a) RESIDENCE NO. 709 W. Cross ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John G Messerschmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillie M. Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant John G Messerschmidt
(Address) 709 W Cross st

15 Filed ..... 19 ..... Registrar

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to Feb 21, 1931, that I last saw him alive on Feb 19, 1931, and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:
1 Bronchio-pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Howard Jones M. D.

2/22 1931 (Address) 1 E Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-30—M. & T.—250 Bks

E 65849

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 4 ✓

E 65849

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary ST. 1564 (WARD)

CITY OF BALTIMORE: (NO. _____

2-FULL NAME John Thistlewaite

(a) RESIDENCE NO. 2411 Chelsea ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-27-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	35	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) Gas Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. B. Thistlethwaite

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng

12 MAIDEN NAME OF MOTHER M

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng

14 Informant Mrs. Stanton Massey (Address) Springfield Pa.

15 Filed 2 2 1931, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/31

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 19____, to 2/20, 1931, that I last saw him alive on 2/20, 1931, and that death occurred, on the date stated above, at 8:30 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) _____ yrs. mos 14 ds.

CONTRIBUTORY (Secondary) None (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____ X

Was there an autopsy? _____ X

What test confirmed diagnosis? _____

(Signed) James E Deems, M. D.

, 19 (Address) Church Home Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/23 1931

ADDRESS 1136 Poplar Grove St

20 UNDERTAKER H. B. Manning Son

Spec.—1-30—M. & T.—250 Bks.

E 65850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65850

10

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital ST. 3-5 WARD)

2-FULL NAME Victorina Pizzutella

(a) RESIDENCE NO. 1008 Fawn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 3, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Pizzutella

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Bertonella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Joseph Pizzutella
(Address): 1008 Fawn St

15 Filed 2-2 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1931, to Feb. 21, 1931, that I last saw he alive on Feb. 21, 1931, and that death occurred, on the date stated above, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:
Faucial and Laryngeal Diphtheria
(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia
(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? 1008 Fawn St.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Cultures X-ray

(Signed) L. Peter Morawski, M. D.

, 19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Princeton

DATE OF BURIAL: Feb. 23, 1931

20 UNDERTAKER: Wendell J. Cuppel

ADDRESS: 300 S. Eden

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-8 03 65851

CERTIFICATE OF DEATH.

65851

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 E. Fayette ST. 6-10 WARD)

2-FULL NAME Mary A. Reynolds

(a) RESIDENCE NO. 1518 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Reynolds

6 DATE OF BIRTH (month, day, and year) March 18, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Anna Teabo

(Address) 1518 E. Fayette St

15 Filed ..... 19 ..... Registrar C. HAMILTON JONES, M. D.

227931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 19, 1931, that I last saw he alive on Feb 19, 1931, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Physical Exam.

What test confirmed diagnosis?

(Signed) B V Kelly M. D.

(Address) 101 N Lenwood Av Feb 19, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER Margaret V. Hynes

ADDRESS 1400 Light St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

55-002

E 65852

CERTIFICATE OF DEATH.

E 65852

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 602 N. Loudon Ave ST. 20-21 WARD)

2-FULL NAME Louise S. Doyle

(a) RESIDENCE NO. 602 N. Loudon Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. Doyle.

6 DATE OF BIRTH (month, day, and year) Jan 31. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Nicklas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Ann Jameson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Patrick J. Doyle
(Address) 602 N. Loudon Ave.

15 Filed 22 1931 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-6 .1931 to 2-19 .1931.

that I last saw h alive on 2-19 .1931

and that death occurred, on the date stated above, at 11:30 AM m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Geo. F. Weisig, M. D.

, 19 (Address) 1000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/23/31

20 UNDERTAKER John Henry Sogle

ADDRESS 221 S. Greene St.

Spec.—1-30—M. & T.—250 Hks

244811
E 65853

HEALTH DEPARTMENT—CITY OF BALTIMORE

134 ✓ E 65853

CERTIFICATE OF DEATH.

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 19 WARD)

2-FULL NAME George Friesel

(a) RESIDENCE No. Lawson Case ST., ... WARD Pittsburg - Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura

6 DATE OF BIRTH (month, day, and year) Feb. 25 - 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sec'y & Treasurer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn -

PARENTS

10 NAME OF FATHER Geo. Friesel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Susan Budge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng -

14 Informant Records -
(Address)

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 - 31

17 I HEREBY CERTIFY, That I attended deceased from Feb - 16, 1931, to Feb - 22, 1931, that I last saw him alive on Feb 22, 1931, and that death occurred, on the date stated above, at 5-20 P.m.

The CAUSE OF DEATH* was as follows:
Peritonitis (Streptococcus)

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of Feb 16th Feb 22nd

Was there an autopsy? No (Removal of Appendix)

What test confirmed diagnosis? Bacteriologic (Culture)

(Signed) J. D. Lanham M. D.

2/22, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburg - Pa.

UNDERTAKER John O. Mitchell & Son

DATE OF BURIAL Feb 22 1931

ADDRESS 1900 Eutaw place

Spec.—1-30—M. & T.—250 Bks.

E 65854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65854

79-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 11-24 (WARD)

2-FULL NAME Pedro Pirado (Jose Palestina)

(a) RESIDENCE No. 832 N Eutaw St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years: About 26 Months: Days: If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): Wiper

(c) Name of employer: S.S. Wulikuis

9 BIRTHPLACE (city or town) (State or country): P. I.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): P. I

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): P. I

14 Informant: Pete Devera (friend)
(Address) 306 W. Mulberry St

15 FILED ..... 19 ..... Registrar

FEB 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to Feb 21, 1931, that I last saw him alive on Feb. 21, 1931, and that death occurred, on the date stated above, at 6 ½ a m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Streptococcic)

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lumbar punct.

(Signed) Myron G. Fell, M. D.

2/23 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 2/23/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks

65855

HEALTH DEPARTMENT—CITY OF BALTIMORE

65855

CERTIFICATE OF DEATH.

REGISTERED NO. 1629

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Balto City Hospitals ST. WARD)

2-FULL NAME Mollie Kirk

(a) RESIDENCE NO. 21 S Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ernest Kirk

6 DATE OF BIRTH (month, day, and year) May 12th 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fair Windor Md

PARENTS

10 NAME OF FATHER John Sincellitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records Baltimore City Hospital (Address)

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-31

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1931, to 2-22, 1931, that I last saw h. alive on 2-22, 1931, and that death occurred, on the date stated above, at 2:40 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
C Femoral Metastasis ?
(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Little, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikes Creek, Md. Cemetery

DATE OF BURIAL 2/24 1931

20 UNDERTAKER Wm Cook

ADDRESS 217 N. Carlton St.

R 23 1931

Spec.—9-30—A. & Co.—250 Blks.

65856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 65856

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. 16-37 WARD)

2. FULL NAME George E. Seufert

(a) RESIDENCE NO. 610 Fogley Pl. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How Long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 3-29-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pile Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer none -

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Seufert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elisabeth Weigamot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records.

15 Filed 19 C. HARRISON JONES, M. D. Registrar

B 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-31

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1931, to 2-21, 1931, that I last saw him alive on 2-21, 1931, and that death occurred, on the date stated above, at 4:50 m.

The CAUSE OF DEATH* was as follows:

Hypertrophy, chronic
Arteriosclerosis

More than (duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) J. A. Gunnels Jr. M. D.

19 (Address) City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/26 1931

20 UNDERTAKER John J. Fahey Sons. — ADDRESS 1318 Light St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

65857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65857

CERTIFICATE OF DEATH.

REGISTERED NO. 19-28108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (NO. Wilkens & Caton Avenues ST., WARD)

2-FULL NAME Mrs Mary Jacobs

(a) RESIDENCE NO. 1831 W. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Andrew Jacob

6 DATE OF BIRTH (month, day, and year) July 18, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	71	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anton Roth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Leimbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Jacob (Address) 1831 W. Pratt St

15 Filed 2-3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1931, to Feb 20, 1931, that I last saw her alive on Feb. 20, 1931, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hilmer S Anderson, M. D.

2/20, 1931 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sun Cathedral

DATE OF BURIAL 2/24/1931.

20 UNDERTAKER Harry N. Mutzke, 1110 ADDRESS Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

65858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65858

CERTIFICATE OF DEATH.

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (NO. Wilkens & Gaston Aves. ST. 25-12 WARD)

2-FULL NAME Mrs. Ida Adams

(a) RESIDENCE NO. 821 Uretta Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married -

6a If married, widowed, or divorced HUSBAND of or) WIFE of Wm. Adams

6 DATE OF BIRTH (month, day and year) 7/4/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	32	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John F. Henkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Ritter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John G. Adams Jr.

(Address) 821 Uretta Ave.

15 Filed ....., 19 ..... Registrar

R 23 1931 C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20-31

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 1931, to 2/20, 1931, that I last saw her alive on 2/20, 1931, and that death occurred, on the date stated above, at 1:20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia bilateral.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? St Agnes' Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & clinical

(Signed) Hjalmar S Andersen, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pachanor Cemetery

DATE OF BURIAL 2/23, 1931

20 UNDERTAKER Harry J. Lutzke

ADDRESS 4101 Edmondson Ave

Spec.—9-30—A. & Co.—250 Bks.

E 65850

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65859

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals ST. 3-4 WARD)

CITY OF BALTIMORE: (No ..... ST., ... WARD

2. FULL NAME Edward Weatherly

(a) RESIDENCE No. 1527 E. Lombard
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Aug. 24 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	50	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Prain Weatherby
11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?
12 MAIDEN NAME OF MOTHER Mary ?
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 2-23 1931, 19 HINCKEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-31

17 I HEREBY CERTIFY, That I attended deceased from 2-12-31, 19..., to 2-19-31, 19..., that I last saw him alive on 2-19-31, 19..., and that death occurred, on the date stated above, at 5:55 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padget M. D.
2-21 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL 2-23 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 467 N. Carline St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65860

CERTIFICATE OF DEATH

124-002

E 65860

REGISTERED No. 1662

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2909 Brighton ST. (WARD)

2. FULL NAME Julia Ann Cummings

(a) RESIDENCE NO. 2909 Brighton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S., if of foreign birth? 78 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William L. Cumming

6 DATE OF BIRTH (month, day, and year) About 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
About 78		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Lynch

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland.

14 Informant Mrs. John H. Easler (niece) (Address) 2904 Brighton St.

15 Filed [illegible] 19[illegible] H. C. HAMPSON JONES, M. D. Registrar

B 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21-1931

17 I HEREBY CERTIFY, That I attended deceased from January —, 1930, to February 21, 1931, that I last saw her alive on Feb. 17, 1931, and that death occurred, on the date stated above, at 4:45 P. M.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1-27-31

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Pilsner M. D.

2-22-1931 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 23/1931
20 UNDERTAKER Stewart & Conch Co	ADDRESS Balto.

Spec.—9-30—A. & Co.—250 Pks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65861

131

CERTIFICATE OF DEATH

REGISTERED No. 65861
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Apts ST. 17-19 WARD)

2 FULL NAME John Pancoast Horsey

(a) RESIDENCE No. Cambridge Apts ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 64 yrs. 1 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Robb Horsey

6 DATE OF BIRTH (month, day, and year) Dec 28 1866

7 AGE	Years	Months	Days
	64	1	25

If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): Law

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Philadelphia, Penna.

PARENTS

10 NAME OF FATHER: John C. Horsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Seaford Delaware

12 MAIDEN NAME OF MOTHER: Hannah Lamourd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westchester Penna

14 Informant (Address): Mrs Eleanor R. Horsey (wife) Cambridge Apts

15 Filed FEB 23 1931 19 H. LEE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22/31

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1930 to Feb. 22 1931 that I last saw him alive on Feb. 21 1931 and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH was as follows:

General arteriosclerosis
Chronic cholecystitis
and Chronic nephritis. —
(duration) years.

CONTRIBUTORY (Secondary) Uremia —
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) John T. Chaires M. D.

2/22 1931 (Address) 804 Cathedral St —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb 24 1931

UNDERTAKER: Edward Hancock

ADDRESS: Balto.

Richard S Barnes

Cor.—10-10-29—A Co.—100 Bks.

E 65862

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 65862

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 3554 Poole av St. 13-57 Ward)

2-FULL NAME Richard S Barnes

(a) RESIDENCE NO. 3554 Poole av St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E.

6 DATE OF BIRTH (month, day, and year) Nov 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	75	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sr Boxer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Barnes

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Sara E Barnes
(Address) 3554 Pool av

15 Filed ....., 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Disease of Lungs

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Morrison, M. D.

Feb 1931 (Address) 3672 Roland av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Pleasant Cemetery Carroll Co. Md.	Feb. 24 1931
20 UNDERTAKER	ADDRESS
C. M. Galt	Sinfield Md.

important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 65863

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 65863

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3830 Falls Rd. ST. 13-57 WARD)

2-FULL NAME Dorris V. Clark

(a) RESIDENCE No. 3830 Falls Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1931

7 AGE: Years ..... Months ..... Days 25 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward J. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Viola May Copen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Edward J. Clark
(Address) .....

15 Filed ..... 19 ..... Registrar

25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931 to Feb. 22 1931, that I last saw her alive on Feb. 21, 1931, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) 7 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel C. Wolfe, M. D.

, 19 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's - Hampden

DATE OF BURIAL: Feb. 23 1931

20 UNDERTAKER: Horace F. Burger

ADDRESS: 3631 Falls Rd.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65864

CERTIFICATE OF DEATH

108 E 65864

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3304 Oakfield Ave ST. 45-64 WARD)

2. FULL NAME Agnes M. Curlander

(a) RESIDENCE No. 3304 Oakfield Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Curlander

6 DATE OF BIRTH (month, day, and year) June 17, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamburg Germany

PARENTS

10 NAME OF FATHER J. Cordes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. Curlander
(Address) 3605 Brantley Rd.

15 Filed ..... (19 ..... Registrar

C. HAMPSON JONES, M. D.

FEB 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb. 21, 1931 that I last saw her alive on Feb. 21, 1931, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W S Hulett M. D.

Feb 22, 1931 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Feb 23 1931

20 UNDERTAKER Wm J Pistner & Sons — ADDRESS North & Pa

Spec—0-30—A. & Co.—250 Bks

5865

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 65865

CERTIFICATE OF DEATH.

15-68 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Druidwood St. WARD 15)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Arthur W. Johannes

(a) RESIDENCE No. 1817 Druidwood St. WARD ..... Mt Airy Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 056

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. A. Johannes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ina Belitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mr. Wm. A. Johannes
(Address) 1817 N. Druidwood St.

EB 23 1931

Filed FEB 23 1931 H. LEE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 '31

17 I HEREBY CERTIFY, That I attended deceased from 2-17, 1931, to 2-22, 1931 that I last saw him alive on 2-22, 1931 and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Encephalitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elmer H. Hecker M. D.

2-23, 1931 (Address) 2128 Windsor Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb. 24, 31

20 UNDERTAKER: Wm. J. Hickey Sons ADDRESS: North & Pa

Spec.—9-30—A. & Co.—250 Blks.

E 65866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-90 E 65866

16-68

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 W Lanvale St. WARD)

2 FULL NAME Beatrice Watson Davis

(a) RESIDENCE NO. 2325 W Lanvale ST. ..... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank R Davis

6 DATE OF BIRTH (month, day, and year) Oct 1 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Lauterbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Maude E Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Robert Lauterbach
(Address) 2325 W Lanvale St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 27 1931, to Feby 21 1931

that I last saw her alive on Feby 21 1931

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Physical examination

(Signed) Herbert J. Stillman M. D.

..... 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Feby 23 1931

20 UNDERTAKER John O. Mitchell & Son ADDRESS 1910 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

E 65867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65867

CERTIFICATE OF DEATH.

11-092

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2701 Manhattan Ave. STREET) (WARD) 27-55

2-FULL NAME Mary Anna Pierson

(a) RESIDENCE NO. 2701 Manhattan Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Pierson

6 DATE OF BIRTH (month, day, and year) Nov. 30. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	67	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. F. Vordemberge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Freiman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Clarence N. Pierson
(Address) 4675 Park Heights Ave.

15 Filed FEB 23 1931 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Feb 20, 1931, that I last saw h e alive on Feb. 19, 1931, and that death occurred, on the date stated above, at 8. a. m.

The CAUSE OF DEATH* was as follows: acute Dilatation of Heart immediate

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Grip (duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? unrel.

(Signed) G. Latrobe Ewall, M. D.

2/20 1931 (Address) 2445 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 23 1931

ADDRESS 801 W. Fayette St.

20 UNDERTAKER F. M. - Mrs. John W. Teufel - Son

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65868 124-002 E 65868

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N Lakewood Ave ST. 6-10 WARD)

2-FULL NAME Louise Muenosterman

(a) RESIDENCE NO. 728 N Lakewood Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Geo Muenosterman.

6 DATE OF BIRTH (month, day, and year) Feby 13-1850

7 AGE: Years 81 | Months — | Days 8 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam Holzhauser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Eckhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Katherine Muenosterman
(Address) 728 N Lakewood Ave

15 Filed ..... 19 ..... Registrar

C. HOLMES JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 21, 1931, that I last saw h alive on Feb 21, 1931, and that death occurred, on the date stated above, at 5-08 P. m.

The CAUSE OF DEATH* was as follows:
Lagrippe

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cirrosis Liver (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Jefferson, M. D.

Feb 22, 1931 (Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem

20 UNDERTAKER John Ulrich

DATE OF BURIAL Feby 24 19 31

ADDRESS 2008 Orleans

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65869

46

E 65869

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

18-29

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2 FULL NAME George S. Sims

(a) RESIDENCE No. 917 W. Lombard ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Sims

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49.	2.	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work iron worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Fred Sims

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Marcella Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-31

17 I HEREBY CERTIFY, That I attended deceased from 1-31-31, 19..., to 2-21-31, 19...

that I last saw him alive on 2-21-31, 19...

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bile Duct
metastases to Liver
Myocarditis, chronic.

more than (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas. E. Turnbull Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. — DATE OF BURIAL 2/24/1931

20 UNDERTAKER John J. Cowan & Son — ADDRESS 400 Holliday St.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65870

108 E 65870

CERTIFICATE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. WARD) 1035

2-FULL NAME August Schreiber

(a) RESIDENCE NO. 146 Stevenson St. WARD _____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Katie Williams

6 DATE OF BIRTH (month, day, and year) March 8, 1879

7 AGE Years 53 Months 11 Days 28 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Shipwork

(c) Name of employer Ships Guard

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER August Schreiber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Katie Schreiber (Address) 1464 Stevenson St.

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1931, to Feb. 20, 1931, that I last saw him alive on Feb. 20, 1931, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 1/2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? yes Clinical - autopsy

What test confirmed diagnosis? _____ M. D.

(Signed) Lawrence McSerna

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Feb 23 1931

ADDRESS 1231 E Fort Ave

20 UNDERTAKER Chas. R. Thomas

Spec.—1-30—M. & T.—250 Bks.

E 65871

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

E 65871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

12-50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Guilford Ave. ST., WARD)

2-FULL NAME Mary Houston Wills,

(a) RESIDENCE No. 2911 Guilford Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Walter B. Wills,

6 DATE OF BIRTH (month, day, and year) November 17.1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John McMullen,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann Craig,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. B. Wills
(Address) 2911 Guilford Ave.

15 Filed FEB 23 1931, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam & Hemiplegia

(Signed) Geo. S. Lean, M. D.

Feb. 19 31 (Address) 705 Med Arts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL FEB 24 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

1-30—M. & T.—100 B—50L

E 65872

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

E 65872

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Fleet street ST. 3-4 WARD)

2-FULL NAME Eleonora Pawlak

(a) RESIDENCE NO 1525 Fleet st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 5/1931

7 AGE: Years ..... Months ..... Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Pawlak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Tillie Gerczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant John Pawlak.
(Address) 1525 Fleet street

15 FILED 2 3 1931, 192 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Intestinal Rickets

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G. E. Glades, Coroner, M. D.

, 19 (Address) 143 N. 13th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Hamilton Cemetery — DATE OF BURIAL: Feb. 23 1931

20 UNDERTAKER: George A. Weber — ADDRESS: 705 S. ann st.

TION is very important See instructions on back of certificate

1-30—M. & T.—100 B—50L

E 65873

186-001

E 65873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST. 2-4 WARD)

2-FULL NAME Lawrence Goralski

(a) RESIDENCE No. 15-S. Ann Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Andrew Goralski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank-Or-Martin Goralski
(Address) 15-South Ann Street

15 Filed ..... 192 ..... LAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an INQUIRY (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia (
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of rt femur
accidental (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Slipped on street

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

Feb. 23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Feb-24th 19 31

20 UNDERTAKER George A. Weber — ADDRESS 75 S. Ann

TION is very important. See instructions on back of certificate.

B 23 1931

Spec.—1-30—M. & T.—250 Bks

E 65874

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 65874

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1255 E Fayette ST. 58 WARD)

2-FULL NAME Julia Henderson

(a) RESIDENCE NO. 1255 E Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Walter Henderson

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C

PARENTS

10 NAME OF FATHER Jensen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Walter Henderson
(Address) 1255 E Fayette

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Feb 20, 1931, that I last saw her alive on Feb 20, 1931, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinomatosis Stomach

(duration) ..... yrs. ..... mos. 41 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

2-20, 1931 (Address) 508 Lennox St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury

DATE OF BURIAL Feb 23 1931

20 UNDERTAKER John W Henderson

ADDRESS Monument

FEB 26 1931 C. HERBERT JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 65875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65875

CERTIFICATE OF DEATH.

131

REGISTERED NO. 21-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 Hurst ST., WARD)

2-FULL NAME Ada J. Warnell

(a) RESIDENCE NO. 1225 Hurst ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Warnell

6 DATE OF BIRTH (month, day, and year): Aug 6th 1863

7 AGE: Years 67 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Conn.

PARENTS

10 NAME OF FATHER: John Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Emma Bohum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass.

14 Informant: Wm Warnell

(Address) 1225 Hurst st

15 Filed FEB 23 1931 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21st 1931

17 I ~~HEREBY~~ CERTIFY, That I attended ~~deceased~~ from Feb 10th 1931 to Feb 21st 1931 that I last saw he alive on Feb 21st 1931 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Chronic aortic regurgitation and chronic interstitial nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): General Arteriosclerosis

(duration) — yrs. — mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Harry Leibel M.D.

2/22. 1931 (Address) 1214 26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Brooklyn — DATE OF BURIAL: Feb 23rd 1931

20 UNDERTAKER: Leo G. Cook — ADDRESS: 1723 Pattpk Ave

CAUSE OF DEATH on back of certificates. See instructions on back of certificates. TION is very important

Spec.—1-30—M. & T.—250 Bks.

E 65876 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65876

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 1-3 WARD)

2-FULL NAME Andrew Long

(a) RESIDENCE NO. 2415 Fleet ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10/30

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
11 months	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Stella Palasik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John Long
(Address) 2415 Fleet

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-31

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1931, to 2-21, 1931, that I last saw him alive on 2-21, 1931, and that death occurred, on the date stated above, at 3 40 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wilmer S Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb. 23rd 1931

20 UNDERTAKER Libby & Zeiler Inc.

ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks

245392
E 65877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65877

139-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., ... WARD 8-40

2-FULL NAME Frances Nawrozki

(a) RESIDENCE No. 3209 Cliftmont ave ST., 27 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6 DATE OF BIRTH (month, day, and year) Feb-12-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N W

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Casimer Lubinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catharine Janowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed B 23 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 21, 1931, that I last saw her alive on Feb 21, 1931, and that death occurred, on the date stated above, at 4 50 A m.

The CAUSE OF DEATH* was as follows:
Pulmonary embolism.
post-operative

(duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb. 16-1931

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Grace B. Allred, M. D.

Feb. 21, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery

DATE OF BURIAL Feb 24th 1931

20 UNDERTAKER Edwy L. Pitt

ADDRESS 3182 E. Monument ave

Spec.—1-30—M. & T.—250 Bks

244194
E 65878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65878

CERTIFICATE OF DEATH.

X 23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Rosa Harrison

(a) RESIDENCE No. Mitchellville Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1927

7 AGE: Years 4 Months 4 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nw.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Feb 23 1931, 19 H. M. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 31, to Feb 19, 19 31, that I last saw he alive on Feb 19, 19 31, and that death occurred, on the date stated above, at 1 15 p m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis and Tuberculous Enteritis.

(duration) yrs 13 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Tuberculin

(Signed) Roy Warren, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb. 23, 19 31

ADDRESS 322 Schroeder St.

20 UNDERTAKER Mrs Katie R. Williams

TION is very important. See instructions on

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-092 65879

E 65879

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 W. Baltimore ST. 19-27 WARD)

2—FULL NAME Jennie Akers.

(a) RESIDENCE NO. 1622 W. Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed.

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Daniel L. Akers

6 DATE OF BIRTH (month, day, and year) June 22-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER ? Browning.

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Dixon

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Md.

14 Informant Reese D. Akers
(Address) 1622 W. Baltimore St

15 Filed 2-23-1931 C. HAMILTON JONES, M. D., Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22-1931

17 I HEREBY CERTIFY, That I attended deceased from May 15- 1930, to February 22- 1931, that I last saw her alive on February 22 1931 and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

organic heart disease

..... (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none

..... (duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Reland, M. D.

2-22-1931 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/25. 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

E 65880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. E 65880

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 Bolton ST. (WARD) 14-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr Lennie W. Marchant

(a) RESIDENCE NO. 1818 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Marchant

6 DATE OF BIRTH (month, day, and year) Feb 21 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, professor or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER Thomas F. Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Elizabeth Godwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Dr J. Henry Marchant

(Address) 1818 Bolton St

15 Filed Feb 24, 1931 C. HAUBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 22, 1931, that I last saw him alive on Feb 22, 1931, and that death occurred, on the date stated above, at 7:20 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Arteriosclerosis with Hypertension

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Lawrence B. Shelden, M. D.

19 (Address) 807 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va

DATE OF BURIAL Feb 24 1931

20 UNDERTAKER Johnson & Co

ADDRESS 2432 Reisterstown Rd

B 23 1931

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65881 E 65881

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1.-PLACE OF DEATH West Balt. General Hosp. Lab

CITY OF BALTIMORE: (No. 1 D. 68 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Mrs. Emma Kaiser

(a) RESIDENCE NO. 2804 Reisterstown Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 80 yrs. Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: L. Lewis

(Address): 1439 Eutaw St

15 Filed 2-3-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/31 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Gen. Arteriosclerosis c Hypertension. Chronic Nephritis.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. Cochrane, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Furndale

DATE OF BURIAL: 2-23- 1931

20 UNDERTAKER: Jacob Lewis, 1439 Eutaw St

ADDRESS

Spec.—9-30—A. & Co.—250 Bls.

Dr Duvall 1817 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

65882

93-003E 65882

CERTIFICATE OF DEATH

REGISTERED NO. 1501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1705 N Fulton Ave (Street) (WARD)

2. FULL NAME William H. Muth

(a) RESIDENCE NO. 1705 N Fulton Ave (Street) WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

(5a. If married, widowed, or divorced HUSBAND of (or) WIFE of) Janet M. Muth

6. DATE OF BIRTH (month, day, and year) Feb 19 1856

7. AGE Years 75 Months 0 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant Janet M. Muth (Address) 1705 N Fulton Ave

15. Filed FEB 23 1931 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 20th. 28 to Feb. 22nd. 1931

that I last saw him alive on Feby. 22nd 1931

and that death occurred, on the date stated above, at 8.15 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

About (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

About (duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. H. Duvall M. D.

19. (Address) #1817 N.Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

UNDERTAKER W M Cook

DATE OF BURIAL 2/25 1931

ADDRESS 1217 N Fulton

TION IS VERY IMPORTANT. SEE INSTRUCTIONS ON OTHER SIDE

Spec.—9-30—A. & Co.—250 Bks.

Dr Reifer 354 Wash Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65883

E 65883

CERTIFICATE OF DEATH

1/31

25-72

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1605 Spence (St.) (Ward)

2 FULL NAME William Hicker

(a) RESIDENCE No. 1605 Spence St. WARD
(If not place of death) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (Write the word) Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hicker

6 DATE OF BIRTH (month, day, and year) March 12, 1839

7 AGE Years 91 Months 11 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cooper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

0/5

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jerry Hicker
(Address) 1325 Pulaski St

15 Filed FEB 23 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 1 1931 to Feby 22 1931 that I last saw him alive on Feby 21 1931 and that death occurred, on the date stated above, at m. The CAUSE OF DEATH was as follows:

Myocardial degeneration
Hypostatic Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis ?
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no

(Signed) Gustav Kieffer M. D.
Feby 23 31 (Address) 1454 Wash Blvd

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park
UNDERTAKER J. M. Cook

DATE OF BURIAL Feb 25 1931
ADDRESS 1217 N. Pearl St

TION is very important. See instructions on back of

Spec.—1-30—M. & T.—250 Bks.

Drewry

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 65884

65884

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Mosher ST. 14-20 WARD)

2-FULL NAME Nathaniel Drewry

(a) RESIDENCE NO. 640 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M-

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lulu Drewry

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE: Years 68 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. "

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Md. "
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md. "
(State or country)

14 Informant Dorothy N. Wright
(Address) 470 Mosher

15 Filed 2-3-1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/31

17 I HEREBY CERTIFY, That I attended deceased from 2/14/31, to 2/21/31, that I last saw him alive on 2/18/31, 19 ..., and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Cline, M. D.

2/21/31 (Address) 924 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/23/31

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill

Spec.—0-30—A. & Co.—250 Bks.

E 65885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65885

82-007

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

27-42

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4001 Overlea Ave. ST. ..... WARD .....

2 FULL NAME HERMAN MATTHIESING

(a) RESIDENCE NO. 4001 Overlea Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred E. Matthiesing

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Marie Holland
(Address) 4001 Overlea Ave.

15 Filed, 1931 C. HAWSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1931

17
I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Feb 21, 1931
that I last saw him alive on Feb 21, 1931
and that death occurred, on the date stated above, at 9:40 P. m.
The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Earl W. Pearson M. D.

2/23 1931 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Loudon Park Cemetery

DATE OF BURIAL
Feb. 24, 1931

20 UNDERTAKER Frederick Lissauer & Son

ADDRESS
7401 Belair Rd

Spec.—1-30—M. & T.—250 Bks.

E 65886

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 65886

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST., 27-43 WARD)

2-FULL NAME Wm McDonnal

(a) RESIDENCE No. 5616 Belle Vista Ave ST. Raspburg Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma

6 DATE OF BIRTH (month, day, and year) Feb 6, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	-	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionary

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER William H. McDonnal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Emma Pindell

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Emma McDonnal
(Address) 5616 Belle Vista Ave

15 Filed ....., 19.... CHAS. H. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-31

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1931, to 2-22, 1931, that I last saw him alive on 2-22, 1931, and that death occurred, on the date stated above, at 2 23 p. m.

The CAUSE OF DEATH* was as follows:

Toxic Pneumonia
Septic (Ulcer. 12 years)
(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Operation - Post Operative
Cholecystitis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 2/17/31.

Was there an autopsy? Yes

What test confirmed diagnosis? Operation -

(Signed) Nicholas [illegible], M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hiss M. E. Cemetery

DATE OF BURIAL Feb. 25, 1931

20 UNDERTAKER Frederick Lovekington

ADDRESS 7401 Belair Rd.

Spec.—9-30—A. & Co.—250 Bks.

65887

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-09-65887

CERTIFICATE OF DEATH.

REGISTERED No. 8-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. WARD)

2. FULL NAME Ella M. Kraft

(a) RESIDENCE No. 1514 N. Bradford St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Kraft

6 DATE OF BIRTH (month, day, and year) Sept. 8 1863

7 AGE: Years 67 | Months 5 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Martinsburg, W. Va.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Mary Wright
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

Filed 2 3 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/31

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1931, to 2-21, 1931 that I last saw her alive on 2-21, 1931 and that death occurred, on the date stated above, at 10.05 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
Arteriosclerosis
unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Thos. Parrott Jr. M. D.

2/22/1931 (Address) City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — DATE OF BURIAL 2/24/1931

20 UNDERTAKER: Walter Davis — ADDRESS 3418 Eastern Ave.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65888

CERTIFICATE OF DEATH.

48 E 65888

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Cedarcroft Road (WARD) 27 48

2-FULL NAME Dora Carfagno

(a) RESIDENCE No. 604 Cedarcroft Road WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. P. Carfagno.

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Thomas Press

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sylvia Mefsud

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tendonson

14 Informant Mr. Wm. P. Carfagno
(Address) 604 Edarcroft Rd.

15 Filed ....., 19 .... Registrar

23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan., 1930, to Feb. 22, 1931, that I last saw her alive on Feb. 22, 1931, and that death occurred, on the date stated above, at 8 56 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Dudosis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Carl A. Denson, M. D.

, 19 (Address) 5111 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Milford, Conn.	2/24/ 1931.
20 UNDERTAKER	ADDRESS
David Sandbinson Son	1902 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E65889

HEALTH DEPARTMENT—CITY OF BALTIMORE

X125-002

E 65889

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. St. 24 Ward 32 Blk) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Wiggins

(a) RESIDENCE No. Colora, Cecil County, Md. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25-1915

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
15	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-girl

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Viola Cutley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Harry Wiggins
(Address) Colora Md

15 Filed 2 3 1931 O. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 23/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1931, to Feb. 23, 1931, that I last saw her alive on Feb. 23, 1931, and that death occurred, on the date stated above, at 11 35 a.m.

The CAUSE OF DEATH* was as follows:

Post-Operative Shock- Cardiac Failure
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Hydatid disease of liver (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb. 23-1931

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. J. Sullivan M. D.

, 19 (Address) 6 Balti Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Md.

DATE OF BURIAL Feb 26 1931

20 UNDERTAKER E. Tyson.

ADDRESS Rising Sun Md.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65890 E 65890

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Josephs Hospital Caroline & Oliver Sts

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... STREET ..... WARD) 17

2-FULL NAME Mrs. Nora Fizer

(a) RESIDENCE No. 355 Kingwood St. ST., ... WARD .....
(Usual place of abode) Morgantown, W. Va. (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of wife of Elmer Fizer

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Charles Bray

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Catherine Carlle

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Elmer D. Fizer
(Address) Morgantown W Va

15 B 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to Feb. 22, 1931, that I last saw her alive on Feb. 22, 1931, and that death occurred, on the date stated above, at 8 20 p.m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma Bladder & Genital Tract
(duration) ..... yrs. 1 mos 24 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W D Leedy, M. D.

, 19 (Address) 4 N McKeldin Wright

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morgantown W Va

DATE OF BURIAL 2/24/31

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Ruxay

Spec.—9-30—A. A. Co.—250 Blks.

E 65891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. 17-25-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 65891

1 PLACE OF DEATH Baltimore City Hospitals (T.B. WARD) ST.

CITY OF BALTIMORE: (No. ST., WARD

2 FULL NAME Richard Hunter

(If non-resident give city or town and State)

(a) RESIDENCE No. 625 Jasper st. ST.

(Usual place of abode) WARD

How Long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Hunter

6 DATE OF BIRTH (month, day, and year): Aug. 17, 1888?

7 AGE: Years 42; Months 6; Days 4; If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Brick yard

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Infield North Carolina

PARENTS

10 NAME OF FATHER: Haywood Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Hospital Records

15 Filed FEB 23 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to Feb. 21, 1931 that I last saw him alive on Feb. 21, 1931 and that death occurred, on the date stated above, at 2.20 a.m.

The CAUSE OF DEATH* was as follows: Acute Caseous Pneumonia

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

2-21-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 2-23-1931

20 UNDERTAKER: Lewis Easter

ADDRESS: 916 Gay

Spec.—1-30—M. & T.—250 Bks.

Kinslow

E 65892

E 65892

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 W. Biddle ST. 11-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. A. Kinslow

(a) RESIDENCE No. 717 W. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: R

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Sarah Kinslow

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 63 6 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Former
(b) General nature of industry, business, or establishment in which employed (or employer): Workhouse
(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: Ambrose Kinslow
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Rachel Hunt
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sarah Kinslow
(Address): 717 Biddle St

15 Filed 2-3-1931, 19 ..... R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/2/31

17 I HEREBY CERTIFY, That I attended deceased from 1/21/31, to 2/2/31, 19..., that I last saw him alive on 1/21/31, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Allen, M. D.

2/2/31 (Address) 921 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 2-23-1931

20 UNDERTAKER: Daniel Easter

ADDRESS: Paul

Spec.—9-30—A. & Co.—250 Blks.

E 65893

HEALTH DEPARTMENT—CITY OF BALTIMORE 3

93-003

E 65893

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 E. Chase ST. 8-12 WARD)

2 FULL NAME John S. Dieter

(a) RESIDENCE No. 2311 E. Chase ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~THE WIFE of~~ Mary Dieter

6 DATE OF BIRTH (month, day, and year) Dec 4/54

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jacob Dieter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mary E. Dushel
(Address) 2311 E. Chase St.

15 FEB 24 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Feb 22, 1931

that I last saw h alive on ..... 19..

and that death occurred, on the date stated above, at 7 45 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E Gill Hall M. D.

Feb 23, 1931 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cem. Hill Balto

DATE OF BURIAL 2/24 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—9 30—A. & Co.—250 Bks

E 65894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 65894

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4728 Frankford Ave. ST. 27-48 WARD

2 FULL NAME James M. Ellis

(a) RESIDENCE No. 4728 Frankford Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Furlong Ellis

6 DATE OF BIRTH (month, day, and year) 7-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boilmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John Ellis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER F. Sexton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs James Ellis
(Address) 4728 Frankford Ave

15 [illegible]

B 24 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1928 to Feb 22, 1931 that I last saw him alive on Feb 18, 1931 and that death occurred, on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Wheaton M. D.

, 19 (Address) 4209 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery

DATE OF BURIAL Feb 26 1931

20 UNDERTAKER Mary M. Wedfield

ADDRESS 27 E 22nd St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65895 | CERTIFICATE OF DEATH | E 65895

59

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2854 Oakley Ave. ST., _____ WARD)

2—FULL NAME Ella Gertrude McKenna.

(a) RESIDENCE NO. 2854 Oakley Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel A. McKenna.

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1875

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
56	0	23	24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) Irland

PARENTS

10 NAME OF FATHER Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Irland

12 MAIDEN NAME OF MOTHER Touhey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irland

14 Informant Daniel A. McKenna.
(Address) 2854 Oakley Ave.

15 Filed FRANK JONES, M. D. Registrar
FEB 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931, to Feb 21, 1931, that I last saw her alive on Feb 21, 1931 and that death occurred, on the date stated above, at 12 25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological Examination

(Signed) Wm Duncan, M. D.

2/23, 1931 (Address) 1701 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetry — DATE OF BURIAL: 2/24/31

20 UNDERTAKER: C. Vernon Lemmon — ADDRESS: 4611 Park Heights

Spec—9-30—A. & Co.—250 Bls

Dr Gilroy 622 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65896

CERTIFICATE OF DEATH.

93-003

E 65896

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 N. Charles St. 17-30 WARD)

2. FULL NAME Howard T. Kidwell

(a) RESIDENCE NO. 2607 N. Charles ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Rose E. Kidwell

6 DATE OF BIRTH (month, day, and year) Oct 28th 1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kidwell Mfg Co

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo. T. Kidwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah A. Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rose E. Kidwell
(Address) 2607 N. Charles st.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1931

17 I HEREBY CERTIFY, That I attended deceased from July 12 1930, to Feb 21 1931, that I last saw him alive on Feb 20 1931 — and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Prostatic Myocarditis

(duration) yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Cancer (duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. H. Timm M. D.

2/24/1931 (Address) 6 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 2/24/1931

20 UNDERTAKER Wm Cook ADDRESS 127 St Paul St

FEB 24 1931 HAMILTON JONES, M. D. Registrar

TION is very important. See instructions on back of certificate.

Spec.—B.30—A. & Co.—250 Blks

Dr Duvall 1817 N Fulton Ave.
Lay 3026

E 65897

HEALTH DEPARTMENT—CITY OF BALTIMORE

65897

CERTIFICATE OF DEATH

231

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1721 N. Payson St. 15-21 (WARD)

2. FULL NAME William H. Ingram

(a) RESIDENCE NO. 1721 N. Payson ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5b. If married, widowed, or divorced
HUSBAND of (or) WIFE of Inez McCubbin Ingram

6. DATE OF BIRTH (month, day, and year) Jan 15 1900

7. AGE: Years 31 Months 1 Days 7 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Glazier
(b) General nature of industry, business, or establishment in which employed (or employer): 086
(c) Name of employer: Cutting Flat Floor Co

9. BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10. NAME OF FATHER: Sage Ingram
11. BIRTHPLACE OF FATHER (city or town) (State or country): Va
12. MAIDEN NAME OF MOTHER: Mary Reid
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14. Informant: Mary Mosur
(Address): 1721 N Payson St

15. [illegible] H. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 12, 1931, to Feby 22, 1931
that I last saw h. alive on 19
and that death occurred, on the date stated above, at 12 Noon
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Acute (duration) + yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) C. M. Duvall M. D.
Feb 23 1931 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 2/24/1931

20. UNDERTAKER: W M Cole

ADDRESS: 1217 W Pratt St

FEB 24 1931

Dr Eisenberg 2027 E. North Ave

Spec.—6-26—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65898

CERTIFICATE OF DEATH

13/V 65898

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 E Hoffman St. 8-17 WARD)

2 FULL NAME Mary E Charlton

(a) RESIDENCE No. 2032 E Hoffman St., WARD ____ (If non-resident give city or town and State)
(Usual place of abode)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

Length of residence in city or town where death occurred 60 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Charlton

6 DATE OF BIRTH (month, day, and year): May 5 1853

7 AGE: Years 78, Months 9, Days 17, If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS
10 NAME OF FATHER: James Gordon
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Margaret McGregor
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Hugh Charlton
(Address) ____

15 Filed ____ 19____ Registrar ____

B 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22. 1931

17 I HEREBY CERTIFY, that I attended deceased from October 15, 1930 to February 22 1931 that I last saw him alive on February 21 1931 and that death occurred, on the date stated above, at 1201 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Arterial Hypertension
General Arteriosclerosis
(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) ____ yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no (Date of ____)

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Albert Osseyberg M. D.

2/23 1931. (Address) 2025 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 2/25 1931

20 UNDERTAKER: J M Cole

ADDRESS: 1217 Druid Park

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65899

CERTIFICATE OF DEATH.

48 E 65899

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 14 E. West St. 23-33 WARD)

2 FULL NAME Jennie E. Wayson

(a) RESIDENCE NO. 14 E. West ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

length of residence in city or town where death occurred 19 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Wayson

6 DATE OF BIRTH (month, day, and year) Oct-22-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Levering H. Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry Wayson
(Address) 14 E. West St. Balto Md.

15 Filed 24 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Feb 22, 1931 that I last saw h~~e~~ alive on Feb 21, 1931 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus (duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) V. L. P. Campbell M. D.

2/22 1931 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md.

DATE OF BURIAL Feb 25 1931

20 UNDERTAKER Jas. S. Taylor Sons

ADDRESS Annapolis Md.

HOW is very important. See instructions on back

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65900 X 82-001 E 65900

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Gorsuch Hosp St., 7-9 Ward)

2-FULL NAME Jos. Moody

(a) RESIDENCE NO. 1515 McElderry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 47 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Md.
(State or country): "

PARENTS

10 NAME OF FATHER: Chas Moody

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country): U.S.

12 MAIDEN NAME OF MOTHER: Kate Roxanna.

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country): "

14 Informant: Amanda Williams
(Address): 1515 McElderry

15 Filed ....., 19.. C. HUBERT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came Died death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) few hours yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inquiry

(Signed) Coroner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stony Creek Na — DATE OF BURIAL: Feb 25 1931

20 UNDERTAKER: Robert Williams — ADDRESS: 1515 McElderry

Of DEATH in plain terms, as this is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

E 65901

CERTIFICATE OF DEATH.

E 65901

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 408 N. Curley ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rettman

(a) RESIDENCE. NO. 408 N. Curley ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb. 23/31

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER August Rettman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Laura White

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant: August Rettman (Address) 408 N. Curley Md

Registrar

THIS IS VERY IMPORTANT. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 23, 1931, that I last saw him alive on " " 1931, and that death occurred, on the date stated above, at 11.40 a m.

The CAUSE OF DEATH* was as follows: Acute gastro intestinal catarrh presented

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of 2/23/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hagen M. D.

2/27 1931 (Address) 3901 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 24 1931

20 UNDERTAKER: Jas. J. Sherr — ADDRESS: 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

E 65902 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E65902 94-00 20669

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 - Third St. ST. 25-75 WARD)

2-FULL NAME John Henry Dull

(a) RESIDENCE NO. 3614 - Third St, ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M Dull

6 DATE OF BIRTH (month, day, and year) Aug 18-1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) Same

(c) Name of employer Balto Police Dept.

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Michael Dull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary C. Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Widow Mrs Clara Dull
(Address) 3614 - Third St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1931, to Feb 22, 1931, that I last saw him alive on Feb 20, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

— (duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Robert W. Johnson, M. D.

, 19 (Address) 3564 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Feb. 24 1931

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light

FEB 24 1931 HARRISON JONES, M. D.

...TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65903

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-062 65903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. N-69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Female Infant of Joseph & Anna Krueger

(a) RESIDENCE NO. 2125 W Mulberry St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of none

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Krueger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant E J Krueger
(Address) 2125 W Mulberry St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Marshall B Wah, M. D.

Feb 23, 1931 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pine Grove	Feb 25, 1931
20 UNDERTAKER	ADDRESS
F. B. Wappitt	300 Eutaw Place

24 130: E W SZNOR NES

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65904

E 65904

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Fulton Ave ST. 20-27 WARD)

2-FULL NAME Mrs Eliza Lees

(a) RESIDENCE NO. Home for the Aged of the M.E. Church ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16-1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93.	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Morris Fennell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Martha Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware.

14 Informant Miss Etta Cuddy.
(Address) 400 Fulton Ave

15 Filed 2-4 1931, 19 ..... H. McSHERRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22. 1931

17 I HEREBY CERTIFY, That I attended deceased from Febry 2, 1931, to Febry 22, 1931, that I last saw her alive on Febry 21st, 1931, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis

(duration) 3 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) 1 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. C. Shannon, M. D.

, 19 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 24 1931

20 UNDERTAKER George J Smith

ADDRESS 1592 Hollins

1-20—M. & T.—100 B—50L

E 65905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

5-8

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. ..... WARD)

2-FULL NAME Samyel Carver

(a) RESIDENCE NO 605 N. Central Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sevellia Carver

6 DATE OF BIRTH (month, day, and year) Dec 22/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	30 29	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Henderson, N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Sevellia Carver (Address) 609 N. Central Ave

15 Filed ..... 192 ..... Registrar

C. THOMPSON JONES, M.D.

TION is very important See instructions on back

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Odema & Congestion of lungs

" & " " Brain

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes- Dr. H.J.Maldeis

What test confirmed diagnosis?

(Signed) J. H. Beeler, M. D. Coroner

Feb 23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL Feb 24 19 31

20 UNDERTAKER Mrs J. E. Locks

ADDRESS 1302 Jefferson

Cor.—10-10-29—A Co.—100 Bks.

E 65906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-023 65906

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Provident Hosp St., 17-25 (Ward)

2-FULL NAME Margaret Lee

(a) RESIDENCE NO. 685 N. Paca St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 Color or Race Col | 5 Single, Married, Widowed or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt Lee

6 DATE OF BIRTH (month, day and year) 1875

7 AGE Years 55 Months ..... Days ..... IF LESS than 1 day ..... hrs. or ..... min.

56

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Keeper Rooming house
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

086

9 BIRTHPLACE (city or town) Va
(State or country) .....

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country) .....

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country) .....

14 Informant Carrie Johnson
(Address) 685 N. Paca St.

15 Filed FEB 24 1931 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Bolduik M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2-24 1931

ADDRESS 1027 Hand Hill

20 UNDERTAKER John H. Toadvine

OF DEATH in plain terms, so that it may be properly classified. Exact statement of the cause of death is important. See instructions on back of certificate.

FEB 24 1931 BOARD OF HEALTH

Spec.—1-12-28—M&T—500 Blks.

Palmer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65907

E 65907

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1447 Carey ST. 15-23 WARD)

2-FULL NAME Carrie E Palmer

(a) RESIDENCE NO. 1447 Carey ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 2, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic, 070

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick Co, md.

PARENTS

10 NAME OF FATHER Charley Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Mary Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mary P James.
(Address) 1447 N. Carey st.

15 Filed FEB 24 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/17, 1931, to 2/22, 1931, that I last saw h alive on 2/21, 1931 and that death occurred, on the date stated above, at 4 40 Am

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2/23 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick. md.

DATE OF BURIAL 2/25 1931

20 UNDERTAKER Thomas E Kelson

ADDRESS 1303 Pressman St

THIS IS VERY IMPORTANT

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓

E 65908

CERTIFICATE OF DEATH

E 65908

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1716 W. Mosher St. 16-22 WARD)

2—FULL NAME Ruth Jones

(a) RESIDENCE NO. 1716 W. Mosher ST., — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9, 1904

7 AGE Years: 26 Months: 3 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: presser

(b) General nature of industry, business, or establishment in which employed (or employer): Cleaning & dyeing

(c) Name of employer: Sam Hoovitch

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Daniel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fredericksburg Virginia

12 MAIDEN NAME OF MOTHER: Mary Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Friendship Maryland

14 Informant: Mrs Mary Jones

(Address) 1716 W. Mosher St

15 Filed 2-24 1931 HERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-31

17 I HEREBY CERTIFY, That I attended deceased from 9-1 1930 to 2-21 1931 that I last saw her alive on 20 Feb 1931 and that death occurred, on the date stated above, at 1.55 a. m.

The CAUSE OF DEATH* was as follows: Acute pulmonary Tuberculosis

(duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. S. Campbell M. D.

19 (Address) 724 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Feb 24 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

Spec.—2-29-28—L. F. S.—500 Bks.

E 65909

HEALTH DEPARTMENT—CITY OF BALTIMORE

159 ✓ E 65909

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1700 Edmondson

CITY OF BALTIMORE: (No. 16-27 ST. WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby James

(a) RESIDENCE NO. 1700 Edmondson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: A. A.

5 Single, Married, Widowed, or Divorced, (write the word): _____

a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 2/21/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0D

(b) General nature of industry, business, or establishment in which employed (or employer): Jab

(c) Name of employer: _____

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Elbridge James

11 BIRTHPLACE OF FATHER (city or town) Easterndale (State or country) Maryland

12 MAIDEN NAME OF MOTHER Blanch Amos

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) Maryland

14 Informant Blanch Amos

(Address) 1700 Edmondson Ave

15 Filed _____, 19 _____ HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23/31

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1931, to 2/23, 1931, that I last saw him alive on 2/23, 1931 and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Prematurity +

Congenital atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 432 Baker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: 2/24 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

Spec.—1-30—M. & T.—250 Bks.

E 65910

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E 65910

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. S. Groeder ST. 18-29 WARD)

2-FULL NAME William L. Kurtz

(a) RESIDENCE NO. 124 S. S. Groeder ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 23-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bras Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 647

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Hugo H. Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma Link

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Emma Kurtz
(Address) 124 S. S. Groeder

Feb 1931 .19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 22-1931

17 I HEREBY CERTIFY, That I attended deceased from July — .19 30 to Feb 23 — .19 31, that I last saw him alive on Feb 23 .19 31, and that death occurred, on the date stated above, at 6 20 p m.

The CAUSE OF DEATH* was as follows:

Sarcoma - of Ulcerles - back of neck (sub occipital)
(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) General Metastasis —
(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Aug-1930

Was there an autopsy? no —

What test confirmed diagnosis? —

(Signed) Frank C. Bowen M. D.

.19 (Address) 125 S. Broadway —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mem Cathedral Cem

DATE OF BURIAL Feby 25 19 31

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec.—1-30—M. & T.—250 Bks.

John Henry Tabeling

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65911

13 ME 65911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. 27-43 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Tabeling

(a) RESIDENCE NO. 3012 Oakcrest Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —— yrs. —— mos. —— ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edith [Johnson]

6 DATE OF BIRTH (month, day, and year) 2/27/1886

7 AGE: Years ~~44~~ Months 11 Days 27 If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. H. Tabeling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Edelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edith Tabeling
(Address) 3012 Oakcrest Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1931, to Feb. 23, 1931, that I last saw him alive on Feb. 23, 1931, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? —

What test confirmed diagnosis? Clinical —

(Signed) [illegible] M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/27/31, 19

20 UNDERTAKER George J. Ruth, Inc.
Undertakers

ADDRESS 1735 Harford Avenue

Spec.—1-30—M. & T.—250 Bks.

E 65912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65912

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720-Harford Avenue ST., 9-46 WARD)

2-FULL NAME Rosario Panzarella

(a) RESIDENCE NO. 1749-Carswell Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Michela Panzarella

6 DATE OF BIRTH (month, day, and year) 7/21/1862

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. or XXX
68	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Shoemaker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Michelangelo Panzarella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Providenza Panzarella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Carmelo Panzarella
(Address) 1749-Carswell Street

15 Filed 2-4-1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-31

17 I HEREBY CERTIFY, That I attended deceased from 2-22- 1930 to 2-22- 1931, that I last saw him alive on 2-21- 1931, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows: General arteriosclerosis with hypertension & cardiac irregular disease - chronic nephritis (duration) ? yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Demarco M. D.

2-23 1931 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/25/31

20 UNDERTAKER George T. Ruth, Inc.
Undertaker

ADDRESS 1735-Harford Avenue

Spec.—1-30—M. & T.—250 Bks

115-002

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 65913

65913

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 1-24 WARD)

2-FULL NAME Gertrude Kahn

(a) RESIDENCE NO. 609 Cathedral ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Kahn

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1878

7 AGE: Years 58 Months 5 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville Md.

PARENTS

10 NAME OF FATHER Abram Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Laura Nicholas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Head Officials

(Address) 519 W. Lexington

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/31

17 I HEREBY CERTIFY, That I attended deceased from 2-17, 19 31, to 2/22, 19 31, that I last saw her alive on 2/22, 19 31, and that death occurred, on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows: Acute Ulcerative Stomatitis

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary) Septicemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Fritz, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Md DATE OF BURIAL Feb 24 1931

20 UNDERTAKER Samuel T. Kinsey ADDRESS 578 W. Biddle

CHAS. J. HAMBLOCK JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65914 93-003 E 65914

CERTIFICATE OF DEATH

REGISTERED No. 27537

1. PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Bloomenstein

(a) RESIDENCE No. Hebrew Home for Aged & Infirm (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6 DATE OF BIRTH (month, day, and year) Jan

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Bloomenstein
(Address) Belvedere & Greenspring

15 Filed , 19 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-31

17 I HEREBY CERTIFY, That I attended deceased from 6-1, 1930, to 2-23, 1931

that I last saw h[illegible] alive on 2-23, 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic vascular disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Levin M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lebanon Cosedale

DATE OF BURIAL 2-24-1931

20 UNDERTAKER Jack Lewis, 1439 E. Balto. St.

ADDRESS

FROM is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65915

13/12 65915

CERTIFICATE OF DEATH

27-43

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5616 Belle Vista Ave. ST. Raspeburg WARD)

2. FULL NAME JOHN C. HARKER

(a) RESIDENCE No. 5616 Belle Vista Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew J. Harker

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Francis A. Gladstone

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Clarence K. Harker
(Address) 5616 Belle Vista Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Feby 23, 1931, that I last saw him alive on Feby 23, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Feb 23 1931 (Signed) Joseph L. Valentine M. D.
(Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Feb 26 1931

20 UNDERTAKER Frederick Lorsahmerdan — ADDRESS 7401 Belair Rd

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1084 E 65916

CERTIFICATE OF DEATH

65916

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp.
CITY OF BALTIMORE: (No. 1844 Division St. 69 WARD)

2. FULL NAME William Tredd

(a) RESIDENCE NO. 100 N. Bond ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ella Tredd.

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary E. Tredd.
(Address) 100 N. Bond St.

15 Filed FEB 24 1931, 19 .... E.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/8/31, 19 ..., to 2/19, 1931 that I last saw him alive on 2/19, 1931 and that death occurred, on the date stated above, at 9.25 p.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Undetermined
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. George McDonald M. D.
2/20 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Cemetery — DATE OF BURIAL Feb. 24 1931

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 325 Ashland Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65917

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65917

92-001

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Carolina ST.) (5-4 WARD)

2. FULL NAME Geo. E. Palmer

(a) RESIDENCE No. 632 N. Carolina ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 39 mos. ..... ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Palmer

6 DATE OF BIRTH (month, day, and year) June 4-1878

7 AGE: Years 52 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coal dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Raleigh N. C.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mary L. Palmer
(Address) 632 N. Carolina St.

Filed FEB 24 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21-1931

17 I HEREBY CERTIFY, That I attended deceased from 2-18-, 1931, to 2-21-, 1931

that I last saw him alive on 2-20-, 1931

and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Valvulitis interna

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jno Hargis M. D.

2-21-1931 (Address) 611 N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary

DATE OF BURIAL: Feb. 24 1931

UNDERTAKER: Mrs. R. U. Ellicott

ADDRESS: 1225 Ashland Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 65918

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 65918

CERTIFICATE OF DEATH.

11-15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 12 E. Read ST., ... WARD)

2-FULL NAME Elizabeth McC. West

(a) RESIDENCE NO. 12 E. Read ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rowland C. West

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles McCann

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Pizzini

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Pennsylvania

14 Informant Rowland C. West
(Address) 12 E. Read Street

15 Filed ..... 19 ..... Registrar

THOMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Jones, M. D.

2/24, 1931 (Address) 7206 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/25 1931

20 UNDERTAKER Henry A. Mears & Son

ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks

E 65919

E 65919 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

13-52

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Hickory Avenue ST. WARD)

2-FULL NAME Louisa M. O'Brien

(a) RESIDENCE NO. 3408 Hickory Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. O'Brien

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Bennett

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Elmira Buckingham

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Maryland

14 Informant Mrs. Cecilia T. Norris
(Address) 220 Cold Spring Lane, E. Lakes, M.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1931, to Feb. 23, 1931, that I last saw h.. alive on Feb. 22, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical sign

(Signed) [illegible], M. D.

, 19 (Address) 4037 Falls Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/25 19 31

20 UNDERTAKER Henry W. Mears

ADDRESS 805 N. Calvert

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-004 E 65920

E 65920

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 125-61 WARD)

2 FULL NAME Baby girl Woodall

(a) RESIDENCE NO. 3327 Piedmont Ave ST., 27 WARD _____ (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 21. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ohio

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sinai Hospital, Md.

PARENTS

10 NAME OF FATHER Edward Woodall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Gold E. Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Woodall (Father)
(Address) 3327 Piedmont Ave

15 Filed _____, 19 _____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to Feb 23, 1931, that I last saw h. alive on Feb 23, 1931, and that death occurred, on the date stated above, at 8 10 a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Disease of the New Born

(duration) _____ yrs. _____ mos _____ ds. 2 hr

CONTRIBUTORY (Secondary) none (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Archibald Robert Colton M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Feb. 24 1931

20 UNDERTAKER Lilly & Geiter Inc

ADDRESS 4038 Hoff St

Cor.—10-10-29—A Co.—100 Bks.

E 65921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 5 E 65921

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. 650 N. Carey St. 16-23 Ward)

2-FULL NAME Anna Herrera

(a) RESIDENCE NO. 650 N. Carey St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale
4 Color or Race: White
5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 9-1877

7 AGE: Years 53 Months 9 Days 13 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer): Of
(c) Name of employer: Home

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md

PARENTS

10 NAME OF FATHER: John Herrera
11 BIRTHPLACE OF FATHER (city or town): Spain
(State or country)
12 MAIDEN NAME OF MOTHER: Susan Smith
13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: S. Lloyd Herrera
(Address): 610 Franklin St

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon ~~and from the evidence obtained by said~~ Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Suddenly
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Instantaneous unknown
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 650 N. Carey

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Ted Lush M. D.

Feb 23 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: Wards Chapel Baltimore

DATE OF BURIAL: FEB 24 1931

20 UNDERTAKER: Geo. N. Little

ADDRESS: 2700 EDMONDSON AVE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65922

E 65922

REGISTERED NO. 25-32 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2208 Annapolis Rd. St., Ward)

2-FULL NAME Pitt Drubinski.

(a) RESIDENCE NO. 2208 Annapolis Rd. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? 26 yrs. ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White.	Married

5a If married, widowed or divorced — HUSBAND of ~~XXXXXXXXX~~ Mary Drubinski.

6 DATE OF BIRTH (month, day, and year) December 18, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
53	54	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing presser.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Russia.
(State or country)

PARENTS

10 NAME OF FATHER Michael Drubinski.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia.

12 MAIDEN NAME OF MOTHER Mary ----------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia.

14 Informant Martin Drubinski. (son)
(Address) 904 Granby St.

15 Filed ... 19... C. ELMER SCHAEFER, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Ind. Cemetery — DATE OF BURIAL Feb. 25, 31

20 UNDERTAKER John Grebliauckas — ADDRESS 423 S. Pua St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

24-15923 Mark

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65923

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 10-15 ST. ..... WARD)

CITY OF BALTIMORE: (NO.)

2-FULL NAME Maggie Harris

(a) RESIDENCE NO. 396 Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE Years 30 Months — Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Willie Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jennie (Address) C. HUMPSON JONES, M. D.

15 Filed 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-31

17 I HEREBY CERTIFY, That I attended deceased from 1-29-, 19 31, to 2-22, 19 31, that I last saw her alive on 2-22, 19 31, and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows: nephritis; arteriolar sclerosis; hypertension

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) None (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thos. B. Rayford M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion

DATE OF BURIAL Feb 24 1931

20 UNDERTAKER Joseph A Lively

ADDRESS 409 N Monroe St

Spec.—9 30—A. & Co.—250 Bks.

E 65924 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65934

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 11-24

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2. FULL NAME John Hodge

(a) RESIDENCE No. 1022 Linden ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adelaide Hodge

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 38; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Zachariah Hodge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Jane ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records
(Address)

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to Feb. 19, 1931 that I last saw he alive on Feb. 19, 1931 and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seiner M. D.

2-19 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: 2/25 1931

20 UNDERTAKER: Isaiah LeBrun & Son

ADDRESS: 1038 Madison Ave

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

25-77

E 65925

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1619 Elmtree St. St., Ward

2-FULL NAME Anna M. Lenert.

(a) RESIDENCE NO. 1619 Elmtree St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If ~~married~~ widowed, or ~~married or widowed~~ (or) WIFE of John Lenert.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Bohemia.
(State or country)

PARENTS

10 NAME OF FATHER John Betschwag.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bohemia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Charles Lenert. (son)
(Address) 1619 Elmtree St.

15 Filed O. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall down stairway.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) A. W. Reinhardt M. D.

2/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL Feb 26 1931

20 UNDERTAKER Frank Crouch Sep 1906 — ADDRESS Gilford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 65926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65926

CERTIFICATE OF DEATH.

121

8-17

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 N. Broadway St. Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie E. Carts

(a) RESIDENCE No. 1621 N. Broadway St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederic Carts

6 DATE OF BIRTH (month, day, and year) Jan 2 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Harrisonburg Va

PARENTS

10 NAME OF FATHER John H. Witts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Barsheba Poe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Creston G. Carts
(Address) 1616 N. Broadway

15 Feb 24 1931 . 19 C. HALLISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 . 1931 . to Feb 22 . 1931 that I last saw he alive on Feb 22 . 1931 and that death occurred, on the date stated above, at 5 55 p. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis Chronic Bilateral Peritonitis

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. W. Bowers M. D.

. 19 (Address) 1512 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 25 1931

20 UNDERTAKER John F. Denny — ADDRESS 75 Light St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65927

CERTIFICATE OF DEATH.

108

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Hamilton Rd. ST. ..... WARD) 05-71

2. FULL NAME Richard J. Swindell

(a) RESIDENCE No. 3616 Hamilton Rd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19 1917

7 AGE: Years 13 Months 8 Days 3 If LESS than 1 day, ... hs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Swindell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A Horst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm Swindell
(Address) 3616 Hamilton Rd

15 Filed ....., 19 ..... Registrar

FEB 24 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22/31

17 I HEREBY CERTIFY, That I attended deceased from February 19, 1931 to February 22, 1931 that I last saw him alive on February 22, 1931 and that death occurred, on the date stated above, at 3 A m

The CAUSE OF DEATH was as follows:

Labor Pneumonia involving entire left lung

(duration) yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert O. Mitchell M. D.

Feb. 19 31 (Address) 5157 Wilbur Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: 2/25 1931

20 UNDERTAKER: Inge & Farley ADDRESS: Fulton & Fayette

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

65928 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 L 65928

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Fulton Ave 20-27 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary E Hendson

(a) RESIDENCE No. 407 N Fulton Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McCuskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Henry Hudson
(Address) 3630 Park Heights

15 Filed 2 4 1931 Chas HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1930, to Feb 23, 1931 that I last saw her alive on Feb 22, 1931 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Hemiplegia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) yrs. 9 mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) James F Rosenberg M. D.

19 (Address) 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL 2/26 1931

20 UNDERTAKER George A Farley — ADDRESS Fulton & Lafayette

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65929 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 65929

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. 3-4 WARD)

2. FULL NAME John Brady

(a) RESIDENCE NO. 215 S. Dallas ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS
10 NAME OF FATHER Charles
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Ameline ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-31

17 I HEREBY CERTIFY, That I attended deceased from 2-2-31, 19..., to 2-19-31, 19... that I last saw him alive on 2-19-31, 19... and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Pulmonary
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Jas Glendy M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
20 UNDERTAKER

DATE OF BURIAL 19
ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FEB 24 193

TION is very important. See instructions on back of certificates.

24 1931

Spec.—1-30—M. & T.—250 Bks

E 65930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65930

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Balto City Hospitals ST. ..... WARD) 3

2-FULL NAME John Short.

(a) RESIDENCE NO. None ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 24/1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Embrook Short.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant .....
(Address) C. HARRISON JONES, M.D.

Filed 24 1931 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-31

17 I HEREBY CERTIFY, That I attended deceased from 1-3 19 31 to 2-22 19 31 that I last saw ~~him~~ alive on 2-22 19 31 and that death occurred, on the date stated above, at 4 A.m.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia

(duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Linton, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FEB 24 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65931 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65931

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) M-344 108

2. FULL NAME Charles Oats

(a) RESIDENCE No. 549 Moores Alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9. BIRTHPLACE (city or town) Jacksonville
(State or country) Florida

PARENTS
10. NAME OF FATHER Charles Oates
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown
12. MAIDEN NAME OF MOTHER Martha ?
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14. Informant Hospital Records
(Address) UNIVERSITY OF MARYLAND

15. Filed FEB 24 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 17, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 19 31, to Feb. 17, 19 31
that I last saw him alive on Feb. 17, 19 31
and that death occurred, on the date stated above, at 12.15 p.m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Ward Tenney M. D.
2-18 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL .....
DATE OF BURIAL 19
ADDRESS .....

20. UNDERTAKER Commissioner of Health
FEB 27 1931

(See instructions on back of certificates. TION is very important.)

Spec.—9-30—A. & Co.—250 Bks.

E 65932 E 65932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

1 PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. 15-21 ST. WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bailey Nickens

(a) RESIDENCE No. 1518 Prestman ST. WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Febr. 9/31

7 AGE Years — Months — Days — If LESS than 1 day 12 hrs. or — min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work odd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Norton Nickens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Inez Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Johns Hopkins Hospital

15 Date FEB 24 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 9/31.

17 I HEREBY CERTIFY, That I attended deceased from 2-9-, 1931, to 2-9-, 1931 that I last saw her alive on 2-9-, 1931 and that death occurred, on the date stated above, at 2³⁰ P m.

The CAUSE OF DEATH* was as follows:

Heart failure.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia aspiration

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. P. Harrison Jr. M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

Commissioner of Health FEB 24 1931

TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65933

CERTIFICATE OF DEATH

106 002 E 65933

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2512 McHenry St. 70-69 Ward)

2-FULL NAME Caroline Knoblock

(a) RESIDENCE NO. 2512 McHenry St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Karl Knoblock

6 DATE OF BIRTH (month, day, and year) Sept. 7th 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	67	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____
(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) _____
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Germany

14 Informant Henry Knoblock
(Address) 2512 McHenry St.

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1930, to Feb. 22, 1931, that I last saw h. er alive on Feb. 22, 1931, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows: Chronic bronchitis

_____ (duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY _____
(Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Gunter Dick, M. D.

2/23, 1931 (Address) 1433 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial Feb. 25th 1931

20 UNDERTAKER Charles W. Dill

ADDRESS 3109 Frederick Ave.

HARRISON JONES, M. D.

FEB 24 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65934

CERTIFICATE OF DEATH.

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Cecilia Cook

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas Brant

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Cecilia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 FEB 24 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Feb 23, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis

(Signed) Dr Bernard Wolff, M. D.

Feb 24 1931 (Address) 1216 E Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Feb 25 1931

ADDRESS Ave

20 UNDERTAKER Rda Riedefeld 917 Greenmount

THIS is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65935

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 W 27th St. St. 17-51 Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Pugh

(a) RESIDENCE No. 319 W 27th St. St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Pugh

6 DATE OF BIRTH (month, day, and year) May 17 1856

7 AGE: Years 74 Months 8 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER James McIlvaine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Jane Lynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Florence M. Burns
(Address) 319 W 27th St

Filed Feb 24 1931, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1931, to Feb 23rd, 1931 that I last saw her alive on Feb 23rd, 1931 and that death occurred, on the date stated above, at 1420 m.

The CAUSE OF DEATH* was as follows:

Paralysis (duration) ..... yrs. 15 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension. (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George H. Cross M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md

DATE OF BURIAL Feb 26 1931

20 UNDERTAKER Thomas Thompson

ADDRESS 3615 Harford

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Dr Bernard West
1216 N Calvert St Feb 1960 ✓

E 65936 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65936

CERTIFICATE OF DEATH

27

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Brentwood Ave) (Street) (WARD 10-15)

2. FULL NAME William Maloney

(a) RESIDENCE NO. 1040 Brentwood Ave (Usual place of abode) STREET WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of: Rose Maloney

6. DATE OF BIRTH (month, day, and year): Mar 17th 1858

7. AGE: Years 72 Months 11 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist 03
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Baldwin

9. BIRTHPLACE (city or town) (State or country): Ireland

PARENTS
10. NAME OF FATHER: James Maloney
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12. MAIDEN NAME OF MOTHER: Ellen Asprell
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant: Anastasia Doyle
(Address) 1040 Brentwood Ave

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Feb 23rd 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/1 1931 to 2/23 31 that I last saw him alive on 2/22 31 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

2/24 31 (Signed) Dr Bernard West M. D.
(Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery
DATE OF BURIAL: 2/26/1931

20. UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul St

NOTICE—Care of this certificate is important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 45734 / 47937

HEALTH DEPARTMENT—CITY OF BALTIMORE

1002

1 E 65937

CERTIFICATE OF DEATH.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. WARD) 21-31

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Raymond Brandt

(a) RESIDENCE No. 1002 Briscoe St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yr yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23-1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Paul Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Evelyn Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 24 1931, 19 ..... ARH ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 23, 1931 that I last saw him alive on Feb 23, 1931 and that death occurred, on the date stated above, at 9 45p m. The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intracranial Hemo 2 hr

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Goodwin M. D.

3/24 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3/25/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65938

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 65938

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1836 Bolton ST. 14-20 (WARD)

2. FULL NAME Edwina Spalding Twilley

(a) RESIDENCE NO. 1836 Bolton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William L. Twilley

6 DATE OF BIRTH (month, day, and year): Jan 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	78	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Own home

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Leonardstown Md

PARENTS

10 NAME OF FATHER: George W. Goldsborough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Chas. D. Carter

(Address) 1836 Bolton St

15 FEB 24 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23. 1931

17 I HEREBY CERTIFY, That I attended deceased from October, 1927, to February 23, 1931 that I last saw her alive on February 22, 1931 and that death occurred, on the date stated above, at 12 45 P. M.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis — Hypertension

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D. Ch. H. A. Magruder M. D.

Mar. 2 1931 (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 3/25 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Pratt St

CAUSE OF DEATH ... TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

Dr Potter

E 65939

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-005 ✓

E 65939

CERTIFICATE OF DEATH

REGISTERED No. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2716 Strathmore Ave (Street) (Ward)

2-FULL NAME Hester A. Weems

(a) RESIDENCE No 2716 Strathmore Ave (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of David L. Weems

6 DATE OF BIRTH (month, day, and year) Nov 30th 1840

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Wm Capel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant William H. Weems

(Address) 2716 Strathmore Ave

15 Filed Feb 24 1931 C. HARRISON JAMES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Fibro-Adenoma Glands of Neck (rt)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Miller, M. D. Coroner

Feb 24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery St Clairsville, Ohio

DATE OF BURIAL 2/25/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 N Paul St

CAUSE OF DEATH in plain terms, so that it may be a property criterion of the work of certificates. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65940

164-001 ✓

E 65940

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4606 Simmons Ave. 27-41 Ward

2-FULL NAME Theodore F. Henninghausen

(a) RESIDENCE NO. 4606 Simmons Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Henninghausen

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1884

7 AGE: Years 46 Months 6 Days 15 23 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Binder

(b) General nature of industry, business, or establishment in which employed (or employer) Falconer Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Henninghausen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) West Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Kapp

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Ethel Henninghausen

(Address) 4606 Simmons Ave.

Filed B 24 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Illuminating Gas Asphixiation Suicide. Small Coking range in Cellar.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Carter M. D. (Coroner)

Feb 24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cem. Date of Burial Feb 26 1931

20 UNDERTAKER Mrs. E. Miller & Son ADDRESS 2334 Jefferson St.

THE STATEMENTS MADE HEREON must be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 65941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65941

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Ann St ST. ..WARD)

2 FULL NAME Louis James Wierkowski

(a) RESIDENCE NO. 812 S. Ann St ST. ..WARD ..
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-23-31

7 AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work job

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Louis John Wierkowski

11 BIRTHPLACE OF FATHER (city or town) Balt.
(State or country) Md

12 MAIDEN NAME OF MOTHER Pauline B. Urbanowska

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country) Md.

14 Informant Louis John Wierkowski
(Address) 812 S. Ann St

15 ..... 24 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-31

17 I HEREBY CERTIFY, That I attended deceased from 2-23-31, 19..., to 2-23-31, 19

that I last saw him alive on 2-24-31, 19

and that death occurred, on the date stated above, at 3:10 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Lewis M. D.

2-24-31 19 (Address) 2214 E Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL Feb. 25 1931

20 UNDERTAKER John M. Weber ADDRESS 701 S. Chester St

TION is very important. See instructions on back of certificates.

Spec.—1-12-21—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65942

CERTIFICATE OF DEATH.

E 65942

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 919 Argyle Ave ST., 17th (WARD)

2-FULL NAME William Oliver

(a) RESIDENCE No. 919 Argyle Ave ST., ... WARD 17
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Husband of Willie Oliver

6 DATE OF BIRTH (month, day, and year): Feb. 25 - 1891

7 AGE: Years 39 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: Industrial Alcohol Co.

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Isaac Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha Brace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Willie Oliver
(Address) 919 Argyle Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-21-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20th, 1931, to Feb 21st, 1931, that I last saw him alive on Feb 21st, 1931, and that death occurred, on the date stated above, at 10:15 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain & Paralysis (duration) ..... yrs. 24 hrs. mos. ds.

CONTRIBUTORY (Secondary) Inhaler (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Jas C Carpenter, M. D.

, 19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 2/25 31

20 UNDERTAKER: Samuel Hensley — ADDRESS: 78 W Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of DISEASE is very important. See instructions on back of certificates.

HAROLD W. JONES, M. D.

Registrar

B 25 1931

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 ✓

E 65943

CERTIFICATE OF DEATH

E 65943

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Alice Anna St. WARD) 2-4

2-FULL NAME John Andrewski

(a) RESIDENCE NO. 925 Alice Anna ST., 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Andrewski

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE 52 Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER John Andrewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Barbara Wachnowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Stephen Kuzzenski

(Address) 1925 Alice Anna St

15 Date FEB 25 1931 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Indigestion

(duration) yrs. 1 mos. 3 ds. final

CONTRIBUTORY (Secondary) AC Cardiac Dilation

(duration) yrs. mos. 2 ds. hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) W C Coates, M. D. Coroner

19 (Address) 430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery

DATE OF BURIAL Feb 25 1931.

20 UNDERTAKER Lilly & Friar Inc.

ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Tks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65944

CERTIFICATE OF DEATH

48

D 65944

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Dillon ST. OR WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence L. Schaefer

(a) RESIDENCE NO. 3203 Dillon ST. 26 WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Richard C. Schaefer

6 DATE OF BIRTH (month, day, and year) Dec. 2nd 1864

7 AGE: Years 66 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Osborne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Catherine Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Edward R. Schaefer (Address) 3203 Dillon St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22/31

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1930 to Feby 22, 1931 that I last saw her alive on Feby 22nd 1931 and that death occurred, on the date stated above, at 8 45 P. M.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus
Estimated from History
(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Confirmed at Autopsy

(Signed) [illegible] M. D.

2/26 1931 (Address) 1011 N. Edwards Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb. 25th 1931.

20 UNDERTAKER: Kelly & Zeiler Inc. — ADDRESS: 4038 W. Lafayette St.

CAUSE OF DEATH is place for CERTIFICATE. See instructions on back of certificate. TION is very important.

FEB 25 1931 HARRY JONES M. D. Registrar

D 25 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65945

CERTIFICATE OF DEATH.

16-23 92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Stockton ST. ..... WARD)

2. FULL NAME John King

(a) RESIDENCE No. 1345 Stockton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Katie King

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 55? Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Katie King
(Address): 1345 Stockton

15 Filed ..... 2 ..... 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 / 31

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1930, to Feb 24, 1931 that I last saw h. alive on Feb 20, 1931 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Tubular Kidney Disease

(duration) 2? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. William Frey M. D.

2/24, 1931 (Address) 1928 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 2/25 / 1931

20 UNDERTAKER: Daniel Gorton — ADDRESS: 916 Penna Ave

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65946

173 E 65946

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1039 N Mount St. 16-22 Ward)

2-FULL NAME Lillie Jones

(a) RESIDENCE NO. 1037 N Mount St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day and year): 1896

7 AGE: Years 34 (35) Months ..... Days ..... IF LESS than 1 day hrs. ..... or min. .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer: 0

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Wm Jones

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Mahan

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Margaret Jones
(Address): 1037 Mount St

15 Filed ..... 19 ..... WILLIAM J. JONES, Registrar

FEB 25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon, and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Hemorrhage due to pistol wound of left lung
..... (duration) ..... yrs. ..... mos. Suicide

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1037 N. Mount

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. E. Leigh, M. D.

, 19 ..... (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 2-25 1931

20 UNDERTAKER: Grant Eaton

ADDRESS: 916 Pa ave

Not should be carefully supplied. Age should be stated in years, months and days if under 1 year. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

245693

HEALTH DEPARTMENT—CITY OF BALTIMORE

22 65947

CERTIFICATE OF DEATH

E 65947 JOHNS HOPKINS HOSPITAL

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 St. Ward)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Varnell Tumblerey

(a) RESIDENCE No. 1315 Mount St. St. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 4-1927

7 AGE: Years 3 | Months 5 | Days 19 | If LESS than 1 day, ... hrs. or ..... mns.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Abraham Tumblerey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Pauline Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records (Address)

15 Filed ..... 2 5 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to Feb 23, 1931 that I last saw him alive on Feb 23, 1931 and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Campbell Goodwin M. D.

2/24 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: 2/25 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 130 Dresstman.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 65948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118 E 65948

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1020 S. Kenwood Ave. St., 1-3 Ward)

2-FULL NAME Wladyslaw Posluszny

(a) RESIDENCE NO. 1020 S. Kenwood Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora Posluszny

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
~~59~~ 56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER Unk.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant E. Posluszny Wife
(Address) 1020 S. Kenwood Ave.

15 Filed ....., 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Indigestion
Acute of Duct

(duration) ..... yrs. ..... mos. 2 d.

CONTRIBUTORY (Secondary) AC Cardiac Dilation

(duration) ..... yrs. ..... mos. 1 d.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

, 19.. (Address) 43 N Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Stanislaus	Feb 26 1931
20 UNDERTAKER	ADDRESS
John J Duda	2811 Hudson St

Non-medical information should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 65949

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

E 65949

1-PLACE OF DEATH

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Druid Hill Ave. St.) (W-20 WARD)

2-FULL NAME Wm. Floyd Singleton

(a) RESIDENCE No 1512 Druid Hill Ave. WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Beulah

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 32 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Beulah Singleton

(Address): 1512 Druid Hill

15 FEB 25 1931 G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1931, to Feb 23rd, 1931, that I last saw him alive on Feb. 23rd, 1931, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Leo. M. Lauenbach, M. D.

2-24, 1931 (Address) 2215 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

DATE OF BURIAL: 2/26/1931

20 UNDERTAKER: Mrs Geo. H. Holland

ADDRESS: 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65950

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 V 65950

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Laurens ST. 14-20 WARD)

2-FULL NAME Mary Bell Wilson

(a) RESIDENCE NO. 404 Laurens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word.)
Female	Colored	Married

5a If married, widowed, or divorced
~~HUSBAND OF~~ of
(or) WIFE of Thomas Wilson

6 DATE OF BIRTH (month, day, and year) Oct 12 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Thomas Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fanny Wilson
(Address) 404 Laurens

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

B 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Feb 23, 1931 that I last saw h. alive on Feb 22, 1931 and that death occurred, on the date stated above, at 3.40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Ring M. D.

2/23 1931 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/25/1931

20 UNDERTAKER Geo. R. Holland

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 65951

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 65951

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 1673 ..... WARD .....)

2. FULL NAME Walter Fax

(a) RESIDENCE NO. 1312 W. Lafayette ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louella Fax

6 DATE OF BIRTH (month, day, and year): Feb. 7, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... mtn.
	37		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown 081

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph W. Fax

11 BIRTHPLACE OF FATHER (city or town): Balto.
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Alice Foso

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records
(Address) .....

Filed: 2-25 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 19 31, to Feb. 22, 19 31 that I last saw him alive on Feb. 22, 19 31 and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Hamed Sewer M. D.

2-23 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Luke's Cemetery

DATE OF BURIAL: 2/25/1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates.

B 25 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65952

CERTIFICATE OF DEATH

2-3 E 65952

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 14-54

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... WARD)

2 FULL NAME Claude Dumas

(a) RESIDENCE NO. 539 Presstman st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 7, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly 086

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Atlantic City, N.J.

PARENTS

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lucy Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Died ..... 19 C. HARRISON JONES, M.D. Registrar

2 5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 19 31, to Feb. 23, 19 31 that I last saw him alive on Feb. 23, 19 31 and that death occurred, on the date stated above, at 8.25 P.M.

The CAUSE OF DEATH* was as follows:

Acute caseous pneumonia

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) David Seum M. D.

2-24 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/26/1931

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1601 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Be sure to sign certificates.
TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-004 ✓ 10-14

E 65953

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 832-N. Gay Street ST., ... (WARD)

2-FULL NAME Vincent Sortino

(a) RESIDENCE NO. 832-N. Gay Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of - Filomena (Costa)

6 DATE OF BIRTH (month, day, and year) June 20, 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
64	8	4	~~xxxxxx~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Barber

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph A. Sortino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Sortino
(Address) 832-N. Gay Street

15 Filed FEB 25 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 24/31, 19..... to Feb 25, 1931, that I last saw h alive on Feb 24, 1931, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Education

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Harry F. Rutledge M. D.

2/25, 1931 (Address) 1038 W. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 2/28/31

20 UNDERTAKER S. Ruth, Inc. — ADDRESS

Undertakers 1735-Harford Avenue.

1735-Harford Avenue.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Heyel

E 65954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65954

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Gilmor ST. 15-21 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Heyel

(a) RESIDENCE No. 1604 Gilmor ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Heyel

6 DATE OF BIRTH (month, day, and year) Dec 5 1892

7 AGE: Years 38 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

PARENTS

10 NAME OF FATHER Thomas Heyel

11 BIRTHPLACE OF FATHER (city or town) Atlanta
(State or country) Ga.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Anna Heyel
(Address) 1604 Gilmor St

15 FEB 25 1931 C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 24, 1931 that I last saw him alive on Feb 24, 1931 and that death occurred, on the date stated above, at 10.19 A.m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) ..... yrs. 6? mos. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis? Urinary tests

(Signed) C. William Frey M. D.

2/24, 1931 (Address) 1738 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Atlanta Ga — DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36

E 65955 E 65955

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 760 Brantley St., 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Holmes

(a) Residence No. 760 Brantley St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 11/14

7-AGE. 16 yrs. 2 mos. 23 ds. 13 If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country)

PARENTS.

10-NAME OF FATHER, Robert C. Holmes

11-BIRTHPLACE OF FATHER (city or town) Md
(State or Country)

12-MAIDEN NAME OF MOTHER, Rebecca [illegible]

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country)

14- (Informant) Robert C. Holmes
(Address) 760 Brantley

15- Filed ..... 192.. E. LAMPHIER JONES, M. D. Registrar.

FEB 25 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 24, 1931

17- I HEREBY CERTIFY, That I attended deceased from Nov 24, 1930 to Feb 24, 1931 that I last saw her alive on Feb 24, 1931 and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:
Streptococcus Viridans
Infection of Blood Stream

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Blood Tests & Physical

(Signed) L. L. Lally M. D.
, 19 (Address) 3517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 26 1931

20-UNDERTAKER, 7 Vernon Kechner ADDRESS 1532 Hollins

In plain terms, so that it may be properly classified. Exact instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of occupation on back of certificate. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65956 E 65956

115-001

CERTIFICATE OF DEATH.

16-68

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. ..... WARD)

2. FULL NAME Genevie M Crosby

(a) RESIDENCE NO. 2711 Mosher ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 11/84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS
10 NAME OF FATHER Daniel Crosby
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Mary Monigan
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-31

17
I HEREBY CERTIFY, That I attended deceased from 2-22 19 31 to 2-23 19 31
that I last saw h er alive on 2-23 19 31
and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Agranulocytic angina
(duration) yrs. mos. 4 ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Geyko M. D.

2/23 19 31 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lake Cathedral

DATE OF BURIAL 2/26 19 31

20 UNDERTAKER Hamill & Cunningham Sec

ADDRESS 1136 Eutaw Gross st.

Spec.—1-12-23—M&T—500 Blks.

E 65957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65957

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Calhoun ST. 16-23 WARD)

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Dixon

(a) RESIDENCE No. 1121 Calhoun ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 2, 1915

7 AGE 15

Years	Months	Days	If LESS than 1 day, hrs. or min.
16	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Washer

(b) General nature of industry, business, or establishment in which employed (or employer) Washing Cars

(c) Name of employer Walter B. Hull

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John S. Dixon

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Blanche Clark

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Va

14 Informant Blanche Dixon
(Address) 1121 Calhoun St.

Filed 2 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/15 1931, to 2/22 1931, that I last saw him alive on 2/22 1931, and that death occurred, on the date stated above, at 10 A m

The CAUSE OF DEATH* was as follows:

Influenza x

Lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Burt Belt, M. D.

(Address) 2135 O St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL Feb. 25 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

B 25 1931

Spec.—1-30—M. & T.—250 Bks

E 65958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 93-003 E 65958

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount ST. 6-9 WARD)

2-FULL NAME Oletia E. Greenland

(a) RESIDENCE NO. Aberdeen, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ingram Greenland

6 DATE OF BIRTH (month, day, and year) Sept 8, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 years	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Harford County, Md.

PARENTS

10 NAME OF FATHER George T. Everist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford County, Md.

12 MAIDEN NAME OF MOTHER Elizabeth E. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford County Md

14 Informant Herman E. Greenland
(Address) 535 Chateau Ave Balto Md

15 Filed 2 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February-25-1931

17 I HEREBY CERTIFY, That I attended deceased from February 16 1931, to February 25 1931, that I last saw her alive on February 25 1931, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 7 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Vernon H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Babes Cemetery Harford Co. DATE OF BURIAL Feb. 27 1931

20 UNDERTAKER Henry Farrington Sons ADDRESS Aberdeen Md

CAUSE OF DEATH in plain terms, so that it may be understood by the public. See back of certificates.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65959 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65959

CERTIFICATE OF DEATH.

X 59

27-48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Timona Weisbrodt

(a) RESIDENCE NO. Notre Dame Convent ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30, 1892

7 AGE: Years 38 Months 6 Days 6 (25) If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Homework

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Sisters of Notre Dame

9 BIRTHPLACE (city or town) (State or country) Newark N.Y.

PARENTS

10 NAME OF FATHER George Weisbrodt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newark N.Y.

12 MAIDEN NAME OF MOTHER Mary Huegel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newark N.Y.

14 Informant Sister of Notre Dame
(Address)

15 Filed ..... 19 ..... HARRISON JONES, M.D. Registrar

MAR 25 1931

MEDICAL CERTIFICATE OF DEATH 2/25/31

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1931, to Feb. 25th, 1931, that I last saw h... alive on Feb. 25th, 1931, and that death occurred, on the date stated above, at 2:15 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Diabetic Coma

(duration) 2 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) X yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) A. Kenney M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md. — DATE OF BURIAL Feb 27 1931

20 UNDERTAKER Frank A. Fink — ADDRESS 915 N. Gay St

CAUSE OF DEATH in plain terms, so that ... TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 65960 23 E 65960

1-PLACE OF DEATH Union Mem. Hospital

REGISTERED NO. 1568

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Pauline Vinitz

(a) RESIDENCE NO. 1812 Ruxton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 20 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Vinitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia Kravitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Deceased
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 24, 1931, that I last saw her alive on Feb 24, 1931, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

~~Bronchopneumonia~~

Tuberculosis of the lungs

(duration) 4 yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 20, 1931

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Samuel McLanahan M. D.

Feb 25 1931 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 2-25 1931

20 UNDERTAKER Joe Levin, 1739 E.

ADDRESS Balto. Md

CAUSE OF DEATH in plain terms, so that it may be understood by laymen, is very important. See instructions on back of certificates.

FEB 25 1931 HARRISON JONES, M. D. Registrar

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65961

CERTIFICATE OF DEATH

82-001

E 65961

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital ST. 13-50 WARD)

2-FULL NAME ~~Martin Levin~~ Diana Mollie Levin

(a) RESIDENCE No 2304 Ruskin Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mendel Levin

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Nathan –

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Vita –

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs. O. Ullman (Daughter)

(Address) 2205 W. North Ave.

15 Filed 1931 ..... 192 ..... SON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-25-1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Fall and Lacerated head on fall down steps

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) R. Hunk, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Memorial Park

DATE OF BURIAL: 2-26-1931

20 UNDERTAKER: Moore Funeral Home, 1431 E. Baltimore St.

ADDRESS

Information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

c—9 20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

65962

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1 PLACE OF DEATH

Y OF BALTIMORE: (No

2 FULL NAME Norman Moreland

a) RESIDENCE No. Galesville, Md.
(Usual place of abode)

gth of residence in city or town where death occurred yrs. mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

N	4 COLOR OR RACE	5 ~~single, married, widowed, or divorced~~, (write the word)
ale	White	Child

married, widowed, or divorced
HUSBAND of
or) WIFE of

ATE OF BIRTH (month, day, and year) May 17, 1930

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	8	

CUPATION OF DECEASED

a) Trade, profession or articular kind of work

b) General nature of industry, usiness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) tate or country) Md.

NAME OF FATHER Stallings Moreland

BIRTHPLACE OF FATHER (city or town) (State or country) Md.

MAIDEN NAME OF MOTHER Laura Woodfield

BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

(ormant Records
address) JOHNS HOPKINS HOSPITAL

1931 . 19 . ALBERTON JONES, M. D. Registrar

✓

65962

X 89-002

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ST 79 WARD)

ST WARD
(If non-resident give city or town and State)

How long in foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Feb. 25, 1931

that I last saw him alive on Feb. 25, 1931

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Mastoiditis, osteomyelitis, Streptococcus Meningitis

(duration) yrs. 2 mos. approx ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb. 10, '31.

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) A. C. Kuttner, M. D.

Feb 25 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Galesville — DATE OF BURIAL Feb 28 1931

20 UNDERTAKER J. C. Wendorf — ADDRESS Galesville

Cor.—12-9-25—A Co.—200 Bks.

Note
E 65963

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001

E 65963

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Jno Hopkins Hosp St. 6/10 Ward)

2-FULL NAME JULIA HUETHER

(a) RESIDENCE NO. 157 N. Lakewood Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Huether

6 DATE OF BIRTH (month, day, and year): July 19, 1866

7 AGE: Years 64 Months 7 Days 3 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: William Otto

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Germany

14 Informant: Mr. John P. Huether (Husband)
(Address) 157 N. Lakewood Ave.

15 Filed 25 1931 G. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:
struck & knocked down by moving auto

(A) (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) ....yrs. ....mos. ....ds.

(Signed) L. J. Frank M. D.
(Coroner)

2-24 1931 (Address) 2439 Mt. Olivet

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Light & Lakewood

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial: Feb. 26 1931

20 UNDERTAKER: Henry Sander & Sons. Inc. — ADDRESS: BALTIMORE ST & BROADWAY

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 65964

65964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 65964
E 65964

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 E. Fort Ave. ST.) 24-33 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Wheatley Sr.

(a) RESIDENCE No. 832 E. Fort Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie M. Wheatley

6 DATE OF BIRTH (month, day, and year): Dec 11-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 10 years

(b) General nature of industry, business, or establishment in which employed (or employer): Fireman

(c) Name of employer: City Employee

9 BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

PARENTS

10 NAME OF FATHER: John Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER: Henrietta Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Md

14 Informant: Lottie M. Wheatley
(Address) 832 E. Fort Ave.

15 Filed ..... 19..... HARRISON JONES, ... Registrar

MAR 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Feb 23, 1931, that I last saw him alive on Feb 23, 1931, and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical finding

(Signed) H. C. L. Campbell M. D.

3/25, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Feb 26 1931

20 UNDERTAKER: A. H. and E. Evans — ADDRESS: 35 E. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

L 65965

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 L 65965

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 4-26

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Adolf Silanskos

(a) RESIDENCE No. 750 W. Lexington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Silanskos

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Kitchen worker

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Geo. Silanskos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 25 1931, 19 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-24-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17-31, 19..., to 2-24-31, 19... that I last saw him alive on 2-24-31, 19... and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam

(Signed) Paul Padget M. D.

2-24 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: John Grebliauckas ADDRESS: 423 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B

Spec.—1-30—M. & T.—250 Bks.

E 65966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65966

CERTIFICATE OF DEATH.

108

13-59

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Whitelock St. ST., ... WARD)

2-FULL NAME Elizabeth P. Zeller,

(a) RESIDENCE No. 915 Whitelock ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Di~~vorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of or) WIFE of Andrew Zeller,

6 DATE OF BIRTH (month, day, and year) July 7. 1884

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kelford. North Carolina

PARENTS

10 NAME OF FATHER Kinchew Hall,

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lucy Harrold,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Andrew Zeller
(Address) 915 Whitelock St

Filed FEB 25 1931, 19 ..... THOMPSON OSNER, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 25, 1931, that I last saw h. alive on Feb 25, 1931, and that death occurred, on the date stated above, at 4 20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter L. Thomas, M. D.

Feb 25, 1931 (Address) 1728 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL FEB 27 1931, 19

20 UNDERTAKER Geo W Little

ADDRESS 300 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 65967

108 E 65967

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1408 Division St. 14-20 Ward)

2-FULL NAME John Young

(a) RESIDENCE NO. 1408 Division St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 40 Months _____ Days _____ IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant: N. W. Record
(Address)

15 Filed _____ 19__ C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Regular

(Signed) _____ M. D.

Feb 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

FEB 25 1931

FEB 25 1931 THE MORGUE

Tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 65968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 65968

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp St., 16-23 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt Wardell

(a) RESIDENCE NO. 760 W Fremont St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
about	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) U S

PARENTS

10 NAME OF FATHER U S

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) U S

12 MAIDEN NAME OF MOTHER U S

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) U S

14 Informant Md Gen Hosp Resid
(Address)

15 Filed ..... 19..... C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy
..... (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Pitts Pearl, M. D.

(Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

UNIVERSITY OF MARYLAND

Commissioner Health

FEB 2 1931

B 13 25 1931

THE MORGUE

K. MOONALL

Spec—1-30—M. & T.—250 Bks

E 65969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65969

CERTIFICATE OF DEATH

X 131

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 14-27 WARD)

2-FULL NAME Amos Dorsey

(a) RESIDENCE NO. 230 S. Gilmor ST. WARD Savage Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 13-1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Savage, Md.

PARENTS

10 NAME OF FATHER Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Chas. E. Hamson

(Address) 230 S. Gilmor St.

15 Filed 2 5 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24-31

17 I HEREBY CERTIFY, That I attended deceased from 2-27, 1931, to 2-24, 1931, that I last saw him alive on 2-24, 1931, and that death occurred, on the date stated above, at 9 30 p m.

The CAUSE OF DEATH* was as follows:

Adenoma of prostate

(duration) 2 yrs. 6 mos da.

CONTRIBUTORY (Secondary) ~~Nephritis Chronic~~ Chronic interstitial nephritis (duration) 5 yrs. mos. da.

18 Where was disease contracted if not at place of death? Sepsis pulm. cryptogenic

Did an operation precede death? Yes Date of 2-24-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savage, Md

DATE OF BURIAL: 2/27 19 31.

20 UNDERTAKER: Harry A. Kurtzke

ADDRESS: 4101 E. Monument Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of cause is very important. See instructions on back of certificates.

B 25 1931

Spec.—9-30—A. & Co.—250 Bks.

E 65970

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 35 E 65970

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Prondent Hospital ST. 14-20 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Russell Williams

(a) RESIDENCE No. 8 Roberts Ave Catonsville ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Nellie Williams

6 DATE OF BIRTH (month, day, and year) 9, 1885

7 AGE Years 45 Months 6 Days 16 If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Ebb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Nellie Williams
(Address) 8 Roberts Ave Catonsville

15 C. HAMILSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-31

17 I HEREBY CERTIFY, That I attended deceased from 2-24 31, to 2-21 31

That I last saw him alive on 2-21 31

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion Uremic Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Fever

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 2/24/31

Was there an autopsy? yes Suprapubic Cystotomy

What test confirmed diagnosis? Fever

(Signed) B Barnes M. D.

2/25 19 31 (Address) Prondent Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem. DATE OF BURIAL Feb. 28 19 31

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2 25 1931

Spec.—9-30—A. & Co.—250 Blks

E 65971 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65971

CERTIFICATE OF DEATH.

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 W. University Pky ST. 13-49 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dr. John Conrad Hemmeter

(a) RESIDENCE No. 739 W. University Pky ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helene E. Hemmeter

6. DATE OF BIRTH (month, day, and year) April 25, 1863

7. AGE: Years 67 Months 10 Days ..... If Less than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Doctor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS
10. NAME OF FATHER John Hemmeter
11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12. MAIDEN NAME OF MOTHER Matilda Riedel
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant: Mrs. Helene E. Hemmeter
(Address) 739 W. University Pky

15. Filed ..... 19..... C. HARRISON JONES, M. D. Registrar
By: R. W. R.

B 25 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1930 to Feb. 25, 1931
that I last saw him alive on Feb. 25, 1931
and that death occurred, on the date stated above, at 5:19 a. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac asthenia
(duration) ..... yrs. ..... mos. 9 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X-ray examination

(Signed) W. Smith M. D.

Feb 25 1931 (Address) 3429 Chestnut Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy.
DATE OF BURIAL: Feb 27, 1931

20. UNDERTAKER: John O. Mitchell & Sons
ADDRESS: 1900 Eutaw St.

INFORMATION MUST BE CAREFULLY SUPPLIED. Exact statement of OCCUPATION must be properly classified in plain terms, so that it may be CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65972

E 65972

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1304 N. Fremont St. 15-23 Ward)

2-FULL NAME Edw F. Irving

(a) RESIDENCE NO. 1304 N. Fremont St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE Years 72 Months Days IF LESS than 1 day hrs. or min.
73

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Jobbing
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) .....

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Frank M. Kane
(Address) 1304 N. Fremont

15 Filed 1931 C. H. HESSON JONES, M. D., Registrar
RPB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) E. L. Smith M. D.
Coroner

Feb. 19 31 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Feby 24 1931

20 UNDERTAKER John O. Mitchell Hm — ADDRESS 19 W. Eager Place

NB—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 26 1931

Spec—9 20—A & Co—250 Bks.

E 65973

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 65973

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 29 ST. ..... WARD .....

CITY OF BALTIMORE: (No. .....

2. FULL NAME George Schulthies or Schulthies

(a) RESIDENCE No. 1017 Bayard st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Unknown yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schulthies

6 DATE OF BIRTH (month, day, and year) June 11, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Taxi

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Long Island, N.Y.

PARENTS

10 NAME OF FATHER John P. Schulthies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address) .....

Filed FEB 25 1931, 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1930, to Feb. 24, 1931, that I last saw him alive on Feb. 24, 1931, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes What test confirmed diagnosis? Clinical & autopsy

(Signed) David Penner M. D.

2-25-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Feb. DATE OF BURIAL 27 1931

20 UNDERTAKER John C. Miller 2435 ADDRESS E Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65974

CERTIFICATE OF DEATH.

93-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No 18-24 St. Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maurice Braun

(a) RESIDENCE No. 14 S. Carrollton Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Braun

6 DATE OF BIRTH (month, day, and year) March 10, 1882

7 AGE: Years 48 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance agent

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Virginia Life Ins. Co.

9 BIRTHPLACE (city or town) (State or country) Fulton N.Y.

PARENTS

10 NAME OF FATHER Samuel K. Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Eva Woodruff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1931, to Feb. 24, 1931 that I last saw h alive on Feb. 24, 1931 and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of lung

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Acute myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam; X-ray

(Signed) Paul Padget M. D.

2-24 1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 2/27 1931

20 UNDERTAKER Fred R. A. Cole

ADDRESS 1300 W Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

P 25 1931

1-30—M. & T.—100 B—50L

E 65975

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 ✓ E 65975

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST., 14-70 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hiatt J. Christian

(a) RESIDENCE NO 1605 Penna ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John H. Christian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chas. M. Christian
(Address) 394 Woodbine Ave

15 Filed FEB 26 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos — ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? 1605 Penna Ave

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? E

(Signed) J. E. Glades, M. D. Coroner

19 (Address) 1413 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Feb 27 1931

20 UNDERTAKER Newson Inc. — ADDRESS Lutherville Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65976

107-001

CERTIFICATE OF DEATH

E 65976

REGISTERED NO.

8-16

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N. Patterson Park Ave. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nicholas Thielen

(a) RESIDENCE NO. 1516 N. Patterson Park Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Augusta Thielen

6 DATE OF BIRTH (month, day, and year) Jan 27, 1864

7 AGE: Years 67 Months 0 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: M. Koemer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Augusta Thielen
(Address): 1516 N. Patterson Park Ave

15 Filed ..... 19 ..... Registrar

C. HUNTER JONES, M. D.

FEB 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 19th, 1931, to Feb 24th, 1931, that I last saw him alive on February 24, 1931 and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Victor Goldberg, M. D.

Feb 24 1931 (Address) 1516 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 2/27/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72-001

E 65977

CERTIFICATE OF DEATH.

E 65977

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-26 ST., WARD)

2-FULL NAME Elizabeth Gehl

(a) RESIDENCE NO. 215 Calhoun Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of Philip Gehl

6 DATE OF BIRTH (month, day, and year) Dec 9th 1858

7 AGE: Years 72 Months 2 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Charleston S. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Philip Gehl

(Address) 215 N. Calhoun St

15 Filed 19 HERSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from 2-22, 1931, to 2-25, 1931, that I last saw her alive on 2-25, 1931, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (Incarcerated right inguinal hernia)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-22-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) E. W. Baker, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 2/27/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

mation should be careful to supply CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

FEB 26 1958

1-30—M. & T.—100 B—50L

E 65978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓ E 65978

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Hillman St., 10-14 WARD)

2-FULL NAME Elizabeth Schlisler

(a) RESIDENCE No 1008 Hillman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Schlisler

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Rody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph G. Schlisler
(Address) 1008 Hillman St

15 Filed ..... 192 ..... HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Wiers, M. D. Coroner

Feb 26/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 2/27 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks

E 65979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65979

131

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Mc Mechen St. 14-20 WARD)

2-FULL NAME Frances Clemons Ivory

(a) RESIDENCE No. 102 Mc Mechen ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): Feb 12 1870

7 AGE: Years 61 | Months | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Honeypath S.C.

PARENTS

10 NAME OF FATHER: Ned Clemons

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Matilda (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Beulah Thomas daughter
(Address): 102 Mc Mechen St

15 Filed FEB 26 1931, 19 ..... Registrar

HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 22, 1931, that I last saw her alive on Feb 21, 1931, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Uremia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Yearley M. D.

2/22, 1931 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 26 1931

20 UNDERTAKER: Theodore L Wirth — ADDRESS: 1135 Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dec 16, 1851

Spec.—1-30—M. & T.—250 Bks

E 65980

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 65980

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 E Madison St. ST. 13-59 WARD)

2-FULL NAME Albina Yursek

(a) RESIDENCE No. 2330 E. Madison St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Yursek

6 DATE OF BIRTH (month, day, and year) Dec 16 1851

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Domanie V. Zelenka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Barbara Zelenka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Edward Yursek
(Address) 2330 E Madison Street

15 Filed ..... 19 ..... Registrar

FEB 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 25, 1931, that I last saw her alive on Feb 25, 1931, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Joseph Pekorny, M. D.

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER August Tarek

ADDRESS 2406 Ashland ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65981 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 65981

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Fremont ST., 18-26 WARD)

2-FULL NAME Bernard Rawlings

(a) RESIDENCE NO. 412 N. Fremont ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov-13-1911

7 AGE: Years 19 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Errand boy
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor Shop
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Earl Bailey
11 BIRTHPLACE OF FATHER (city or town) (State or country): New York
12 MAIDEN NAME OF MOTHER: Sadie Rawlings
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Sadie Rawlings
(Address): 412 N. Fremont

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/24/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to 2/24, 1931, that I last saw him alive on 2/24, 1931, and that death occurred, on the date stated above, at 3 40 p. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Sputum +

(Signed) [illegible], M. D.

2/24, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 2-27 1931

20 UNDERTAKER: John W. Troadwell — ADDRESS: 1027 Druid Hill

1-30—M. & T.—100 B—50L

E 65982

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 ✓ E 65982

CERTIFICATE OF DEATH

8

5-9

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Spring ST., ... WARD)

2-FULL NAME Jannie McGlotten

(a) RESIDENCE NO 14 N. Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin McGlotten

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Matilda ---

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martin McGlotten
(Address) 944 Leadenhall St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

?

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of no

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M. D. Coroner

Feb 25/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2-26 1931

20 UNDERTAKER John H. Jordan

ADDRESS 1427 Druid Hill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1931

Spec.—2-29-28—L. F. S.—500 Bks.

65983

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 65983

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 21-27

CITY OF BALTIMORE: (No. 1409 Bayard ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Thompson

(a) RESIDENCE NO. 1409 Bayard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 61 | Months | Days | If LESS than 1 day hrs. or in.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Archie Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Black

(Address) 1409 Bayard

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 24, 1931, that I last saw h alive on Feb 24, 1931 and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Uremia, Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Brown, M. D.

19 (Address) 2 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 2/27 1931

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 139 W. Hamburg St.

FEB 26 1931 G. HAMILTON JONES M.D.

Matter should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Matter should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0 30—A. & Co.—250 Blks

245286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65984

CERTIFICATE OF DEATH

107-61

E 65984

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No ..... S 10-14 WARD)

2 FULL NAME Delores Cornish

(a) RESIDENCE No. 1236 E. Monument ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE B

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31, 1930

7 AGE — Years ..... Months 6 Days 23/24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Gillette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ethel Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 23, 1931 that I last saw her alive on Feb 23, 1931 and that death occurred, on the date stated above, at 10 10P m.

The CAUSE OF DEATH* was as follows:

Pericarditis (pneumococcus)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) F. C. Goodpasture M. D.

Feb 24 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loving Cemetery DATE OF BURIAL Feb. 26 1931

20 UNDERTAKER Louis H. Johnson ADDRESS 446 N. Carlton St.

FEB 26 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65985

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 Ogden ST., 17-26 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances M. Tucker

(a) RESIDENCE No. 504 Ogden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug - 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charlestown W Va

PARENTS

10 NAME OF FATHER: Samuel Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Jane Habbit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Martha Brashears
(Address) 3 Lucretia St near Pratt

15 Filed FEB 26 1931 19 C. HUMPHREY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Cassidy, M. D.

, 19 (Address) 1523 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 2/26 31 19

20 UNDERTAKER: Samuel Kausler — ADDRESS N Gilmor

Name should be carefully supplied. Age should be given in years. Exact statement of OCCUPATION should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1084

E 65986

REGISTERED NO. E 65986

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the Mercy Hospital.

City of Baltimore: (No. ..... St., 5-8 Ward)

2-FULL NAME Daniel S. Jones. (C)

(a) RESIDENCE NO. 829 Hillen St. St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year): November 10, 1928

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	3	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Stephen Jones. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Viola Bush. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Viola Jones. (C) mother.
(Address) 829 Hillen St.

15 Filed ..... 19..... CLAYTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 829 Hillen St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt M. D.

2/25/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Sem — DATE OF BURIAL 2-26 1931

20 UNDERTAKER David Earlei — ADDRESS 836 S. Sue

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1931

Spec.—1-10-21—M&T—1500 Bks.

E 65987

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 65987

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 W. Fremont Ave. St.) 15-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamine Singletary

(a) RESIDENCE NO. 1320 W. Fremont Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Singletary

6 DATE OF BIRTH (month, day, and year) Dec 25, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28		1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florence S. C.

PARENTS

10 NAME OF FATHER William Singletary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florence S. C.

12 MAIDEN NAME OF MOTHER Annie Gaskins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia S. C.

14 Informant Annie Singletary

(Address) 1320 W. Fremont Ave.

15 Filed FEB 26 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1930 to Feb 22nd 1931, that I last saw him alive on Feb 22nd 1931, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows: Chronic myocardial insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebrovascular

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Geo. H. Lauenbach M. D.

2-23 1931 (Address) 2215 N. Monroe Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Feb 26 1931

20 UNDERTAKER: Mr. Robt. R. Williams

ADDRESS 322 N. Schroeder St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65938

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

E 65988

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Fulton Ave ST. 14-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Victor Salvador

(a) RESIDENCE No. 315 S Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 25-31

7 AGE	Years	Months	Days	If LESS than 1 day, (hrs. or min.
Fetal	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Fetal

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Nicholas Salvador

11 BIRTHPLACE OF FATHER (city or town) Romania
(State or country)

12 MAIDEN NAME OF MOTHER Maria Lebeau

13 BIRTHPLACE OF MOTHER (city or town) Romania
(State or country)

14 Informant Father

Address 315 S Fulton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931, to Feb. 25 — 1931, that I last saw him alive on Feb. 25, 1931, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos 10 hrs

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Morris J. Schein M. D.

, 19 (Address) 601 S Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 2/26 1931

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Balt. Holliday

Information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65939

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Streeper ST., 7-11 WARD)

2-FULL NAME Joseph Provenza

(a) RESIDENCE No. 600 N. Streeper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19th 1910

7 AGE: Years 20 Months 9 Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Rosario Provenza

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosa Di Fatta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Steph Provenza
(Address): 6416 Frederick Rd

15 Filed FEB 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25-31

17 I HEREBY CERTIFY, That I attended deceased from 2-23 19 31, to 2-25 19 31, that I last saw him alive on 2-24 19 31, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Vascular disease of heart with Decompensation.
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Dilatation of heart.
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Thos. C. Blake M. D.

19 (Address) 719 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 2/27 1931

20 UNDERTAKER: Wendell J. Lippel

ADDRESS: 3000 Eastern Ave

mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65990 53 E 65990

CERTIFICATE OF DEATH

REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2104 E. Fayette St. 6-9 WARD)

2 FULL NAME Hannah Krevis

(a) RESIDENCE No. 2038 E Fayette ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Israel Krevis

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 56 | Months ____ | Days ____ | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer: ____

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Russia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis
(Address) 1439 E Baltimore St

Filed FEB 26 1931 19 ____ G. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to Feb. 25th, 1931, that I last saw h. alive on Feb 28th, 1931, and that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH* was as follows:

Abdominal Malignant Growth (Origin unknown) 5

(duration) yrs. 5 mos. ____ ds.

CONTRIBUTORY (Secondary): —

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray & laboratory

(Signed) A. F. Rias M. D.

Feb 26, 1931 (Address) 24 E Pray

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaw Mordale — DATE OF BURIAL: 2-26 1931

20 UNDERTAKER: Jack Krevis — ADDRESS: 1439 E Baltimore St

WRITE PLAINLY, WITH UNFADING INK. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65991

1 20 ✓

E 65991

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 127 N. Dallas St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Bradford

(a) RESIDENCE NO. 127 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elias C. Bradford

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: 45 Years ~~4~~ mos. Months Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Domestic

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Boddy

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Elsmore Dace

(Address): 1627 Ashland Ave.

15 Filed FEB 26 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to Feb 24, 1931, that I last saw h. alive on Feb 23, 1931, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Gastro enteritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Roland L. Coulihan, M. D.

, 19 (Address) 1514 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Meck Md Date of Burial Feb 28 1931

20 UNDERTAKER: Marley Chas. H. Thurson 416 N. ADDRESS Carlisle St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65992

E 65992

HEALTH DEPARTMENT—CITY OF BALTIMORE

78

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital ST. 8-11 WARD)

2-FULL NAME Evelyn Dorothy Raemer

(a) RESIDENCE NO. 1205 No. Linwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence (in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1, 1930

7 AGE: Years 0 Months 7 Days 26 25 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS
10 NAME OF FATHER William Raemer
11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) Maryland.
12 MAIDEN NAME OF MOTHER Lydia Engel
13 BIRTHPLACE OF MOTHER (city or town) Lichton,
(State or country) Nebraska

14 Informant Lydia Roemer
(Address)

15 Filed FEB 26 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931, to Feb 26, 1931, that I last saw her alive on Feb 26, 1931, and that death occurred, on the date stated above, at 4 35 A. m.

The CAUSE OF DEATH* was as follows:

Simple Encephalitis

(duration) 0 yrs. 0 mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1205 No. Linwood Ave.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Spinal puncture

(Signed) L. Peter Miranski, M. D.

, 19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cem

DATE OF BURIAL 2/27 1931

20 UNDERTAKER Louis Heimann

ADDRESS 33 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65993

Kneland

E 65993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-28 82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1843 Fredk Av ST. (WARD)

2-FULL NAME Jessie Kneland

(a) RESIDENCE NO. 1843 Frederick Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hans Kneland.

6 DATE OF BIRTH (month, day, and year) Feb 11 1873

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsylvania Virginia

PARENTS

10 NAME OF FATHER Prueer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Husband
(Address)

15 Filed FEB 26 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/31

17 I HEREBY CERTIFY, That I attended deceased from FEB. 21, 1931, to FEB 24, 1931 that I last saw her alive on FEB. 28, 1931 and that death occurred, on the date stated above, at 4.0 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted — If not, at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) C. W. Roffensnider M. D.

19 (Address) 8 Eden Road Ot

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL 2/26/31

20 UNDERTAKER F. C. Hufford — ADDRESS 1850 W. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65994

E 65994

CERTIFICATE OF DEATH.

15

27-41

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Berkshire Road ..... ST. ..... WARD)

2 FULL NAME ETHEL K. MILLS

(a) RESIDENCE No. 3126 Berkshire Road ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Mills

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1881

7 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	49	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Edwin J. Humby

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Annie E. Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mr. B. J. Mills
(Address) 3126 Berkshire Road

15 [illegible] 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1931, to Feb 25th, 1931 that I last saw h[illegible] alive on Feb 25th, 1931 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas with cellulitis of upper lip

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edwin A. Benson M. D.

4/26 1931 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb. 28, 1931

20 UNDERTAKER Frederick Lanahan, Inc.

ADDRESS 7401 Belair Rd

FEB 26 1931 H. [illegible] JONES, Registrar

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 65995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 65995

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Bowley's Lane ST. 26-41 WARD) Quick

2. FULL NAME EMMA QUICK

(a) RESIDENCE No. 4508 Bowley's Lane ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Quick

6 DATE OF BIRTH (month, day, and year) August 18, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Henry Danz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Teresa Leapford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Quick
(Address) 4508 Bowley's Lane.

15 Filed ..... 19 ..... Registrar

FEB 26 1931 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/31

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Feb 25, 1931 that I last saw her alive on Feb 25, 1931 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Inanition

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Dunick M. D.

Feb 25 1931 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Lutheran Cemetery

DATE OF BURIAL March 1, 1931

20 UNDERTAKER Frederick Lassahn Son

ADDRESS 7401 Belair Rd.

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65996 HEALTH DEPARTMENT—CITY OF BALTIMORE E 65996

106-601

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. 21st St. ST. 9-46 WARD)

2-FULL NAME John Kilkenny

(a) RESIDENCE No. 707 E. 21st St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ellen H. Kilkenny

6 DATE OF BIRTH (month, day, and year) Aug 15 - 1846

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	84	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER Edmund Kilkenny
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Kelly
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edward Kilkenny
(Address) 707 E. 21st St.

15 Filed Feb 26 1931 19 H. LEE JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 - 1931

17 I HEREBY CERTIFY That I attended deceased from January 12th 1931 to February 24th 1931, that I last saw him alive on February 24th 1931, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:
Bronchitis
(duration) ... yrs. mos 44 ds.

CONTRIBUTORY (Secondary) Heart failure
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry M. D.
2-25- 1931 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's Cem. Texas Md — DATE OF BURIAL Feb 27 1931

20 UNDERTAKER Chas P. Crane & Son — ADDRESS 118 Mount Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 65997

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-09 E 65997.

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 5 W. Gorr - ST. 22-30 WARD)

2-FULL NAME Fannie Wallace

(a) RESIDENCE NO. 5 W. Gorr - ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Walter Wallace

6 DATE OF BIRTH (month, day, and year): — 1897

7 AGE: Years 34 | Months — | Days — | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Days Work.
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Jacksonville Florida

PARENTS
10 NAME OF FATHER: unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country):
12 MAIDEN NAME OF MOTHER: Carrie Frances
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jacksonville Florida

14 Informant: Walter Wallace
(Address): 5 W Gorr

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/26/31

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1931, to 2/26, 1931, that I last saw her alive on 2/25, 1931, and that death occurred, on the date stated above, at 5-45 a. m.

The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia
(duration) ....yrs. ....mos 5 ds.

CONTRIBUTORY (Secondary) Influenza
(duration) ....yrs. - mos. 15 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dan Franklin, M. D.

2/26, 1931 (Address) 1111 Dec

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery

DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: Walter & Spugg

ADDRESS: 139 Hamburg St.

Filed FEB 26 1931 C. HAMPSON JONES, M. D. Registrar

AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 65998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65998

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 12-14 WARD)

2-FULL NAME Mary Habbersett

(a) RESIDENCE No. 442 E. 20th ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of: John Habbersett

6 DATE OF BIRTH (month, day, and year): Abt. 1852

7 AGE: Years: Abt. 69 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Dunnigan

11 BIRTHPLACE OF FATHER (city or town): Baltimore
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emily Thomas

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country): Maryland

14 Informant: Mrs. Bessie Gees
(Address) 442 E. 20th St.

15 Filed FEB 26 1931, 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-11-31, 19 ..... to 2-25, 1931, that I last saw her alive on 2.25.31, 19 ..... and that death occurred, on the date stated above, at 11:20 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Lawrence A. Stopa, M. D.

2/25, 19 31 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb. 28 19 31

20 UNDERTAKER: Joe H. B. Cook

ADDRESS: 1003 West Baltimore St.

NB.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65999

CERTIFICATE OF DEATH. X 93-004 E 65999

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 N. Paca St., 4-25 Ward)

2-FULL NAME William Edward Bush

(a) RESIDENCE NO. Arnolds, Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Ann Bush

6 DATE OF BIRTH (month, day, and year): November 16, 1861

7 AGE: Years 69, Months 3, Days 8

If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer): 68

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Ned Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country): Oklahoma

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Mary S. Carey

(Address) 115 N. Paca St.

C. HAMPSON JONES, M. D.

Registrar

FEB 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Feller M. D. (Coroner)

2/27 1931 (Address) 2739 Eastern Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the state ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

Date of Burial: Feb. 27 1931

20 UNDERTAKER: Robert Cook

ADDRESS: 1003 West Baltimore St.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK

Spec.—9-30—A. & Co.—250 Bks.

(Givens)

F-44351 HEALTH DEPARTMENT—CITY OF BALTIMORE 66000

66000

CERTIFICATE OF DEATH

137

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. ..... St. 9-9 Ward)

2 FULL NAME George B. Givens

(a) RESIDENCE No. Ocean City Md St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17 1855

7 AGE: Years 75 Months 6 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter Givens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Dudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed FEB 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931 to Feb 26, 1931

that I last saw him alive on Feb 26, 1931

and that death occurred, on the date stated above, at 7 15 a. m.

The CAUSE OF DEATH* was as follows:

Pyelo-nephritis, bilateral
Uraemia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (secondary) Benign Prostatic Hypertrophy (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 26, 1931

Was there an autopsy? no

What test confirmed diagnosis? Blood chemistry

(Signed) Ralph H. Jack M. D.

Feb 26 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cemetery — DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: J. W. Burtage — ADDRESS: Berlin Md

Berlin Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66001 131 E 66001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2921 Kirk ave. ST., 4-46 WARD)

2—FULL NAME Mary A. Mc. Cracken

(a) RESIDENCE NO. 2921 Kirk ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael J. Mc. Cracken

6 DATE OF BIRTH (month, day, and year): March 3/1865

7 AGE: Years 65 | Months 9 11 | Days 23 | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Little Orleans Ind.

PARENTS

10 NAME OF FATHER: Thomas St. Louis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Little Orleans Ind.

12 MAIDEN NAME OF MOTHER: Caroline Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Michael J. Mc. Cracken

(Address) 2921 Kirk ave.

15 Date: B 26 1931 Registrar: C. HAMPSON JONES, M. D.

By: MCA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/26/31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1930, to Feb 26th, 1931, that I last saw h.. alive on Feb 25th, 1931 and that death occurred, on the date stated above, at 2^45 a. m.

The CAUSE OF DEATH* was as follows: Chronic Calc Endocarditis with Failing Compensation

..... (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Nephritis ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Buck, M. D.

2/26, 1931 (Address) 5 Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral | DATE OF BURIAL: Feb. 28 1931

20 UNDERTAKER: Jos. J. Hern | ADDRESS: 156 N. Luzerne

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66002

CERTIFICATE OF DEATH

108 ✓

E 66002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1137 May St. St., 5-8 Ward)

2-FULL NAME William Robert Swan. (C)

(a) RESIDENCE NO. 1137 May St. St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ~~How long in U. S., if of foreign birth?~~ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If less than 1 day hrs. or min.
	43	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER William Swan. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Amelia Dent. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Minnie Holmes. (C) sister.
(Address) 921 Forrest St.

15 Filed _____ 192. H. HAMPSON JONES, M. D. _____ Registrar

FEB 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February, 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Fernhardt, M. D.

2/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	2/27 1931
20 UNDERTAKER	ADDRESS
Mrs Chas L. Bailey	1421 Jefferson

F. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bls.

E 66003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66003

CERTIFICATE OF DEATH.

154.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 624 So Linwood St. 1-2 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Stevens

(a) RESIDENCE No. 624 So. Linwood St. Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25-31

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day ..... hrs. or 5 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Inf.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Edison Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): East Bend Kansas

12 MAIDEN NAME OF MOTHER: Elizabeth Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balti

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-25/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1931, to Feb 25 1931, that I last saw he alive on Feb 25 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1004 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: FEB 26 1931, 19

20 UNDERTAKER: [illegible]

ADDRESS

Dr. Wm. F. WOODALL
Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 26 1931

Spec—1-30—M. & T.—250 Bks.

E 66004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66004

34

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. ST. 26-27 WARD)

2-FULL NAME James Davis

(a) RESIDENCE NO. Unknown ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Records City Hosp.
(Address) Balto City Hosp.

15 Filed FEB 26 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/31

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1931, to 2-24, 1931, that I last saw him alive on 2-24, 1931, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia
Chronic nephritis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Psychosis - Deterioration
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Friedman M. D.

2/25, 1931 (Address) Baltimore City Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS FEB 26 1931

Per. WM. E. HOSBALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

E 66005

REGISTERED NO. 11424

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St., Ward)

2-FULL NAME Cleo Brown.

(a) RESIDENCE NO. 21 W. Preston St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 2, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	1	4	

8 OCCUPATION OF DECLASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Robert E. Brown.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) San Francisco, Calif.

12 MAIDEN NAME OF MOTHER Dorothy Grenner.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Seattle, Wash.

14 Informant Dorothy Brown. (mother)
(Address) 21 W. Preston St.

15 Filed 19 H. ARTSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 6, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Bad nutrition.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 21 W. Preston St.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What did it confirm diagnosis? Inquiry
(Signed) Otto W. Emhardt M. D.
2/25/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

Commissioner Health.

For Wm. F. WOODALL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
FEB 26 1931

Cor.—10-10-29—A Co.—100 Bks.

E 66006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 66006

22-31

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 856 S. Eutaw St. St., Ward)

2-FULL NAME Harvey Ross. (C)

(a) RESIDENCE NO. 856 S. Eutaw St. St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, ~~WIFE of~~ HUSBAND of ~~OR WIDOW of~~ Pearl Ross. (C)

6 DATE OF BIRTH (month, day, and year) May 2, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Pearl Ross. (C) wife.
(Address) 856 S. Eutaw St.

15 Filed FEB 26 1931, 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/25/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

FEB 26 1931

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66007

92-001 ✓

CERTIFICATE OF DEATH.

E 66007

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bolt & Payson Sts.

City of BALTIMORE: (No.) German Aged Home St. 90-37 (Ward)

2-FULL NAME Adam Roth

(a) RESIDENCE NO. German Aged Home St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodor Roth

6 DATE OF BIRTH (month, day, and year) January 29 1844

7 AGE Years 87 Months 0 Days 27 26

11 LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove

(b) General nature of industry, business, or establishment in which employed (or employer) good

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Roth

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Siebert

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Germany

14 Informant German Aged Home

(Address) Bolt. & Payson Sts.

Filed FEB 26 1931 C. HEMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1930 to Feb 24 1931, that I last saw him alive on Feb 24 1931, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis, Senile Nephritis, Heart Disease (Mitral Stenosis), Senile Asthenia

(duration) 2 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical

(Signed) E. Hills Hemming M. D.

2/27 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Feb 27 1931

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St.

WHITE PAPER ONLY, NO ENVELOPES. THIS is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

66008

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-00V

E 66008

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 27-43 WARD)

2-FULL NAME Phillis Erdman

(a) RESIDENCE NO 3212-Taylor Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year) 7/12/1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ~~MMXX~~
5	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wallace Erdman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ida Ashauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Wallace Erdman
(Address) 3212-Erdman Ave.

15 FILED 1931 C. HAMPSON JONES, M. D. Registrar

B 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by auto (ran into path of moving auto)

(a) ..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Pelvis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? California & Harford Rd

Did an operation precede death? no Date of Casualty

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Frame Coroner, M. D.

2/26, 19 31 (Address) 29 8th St. Elderly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 2/27/31 19

20 UNDERTAKER George J. Ruth, Inc. ADDRESS 1735-Harford Avenue

Undertakers

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks. Sarabin 2128 W North Ave 2/28/31

E 66009 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66009

CERTIFICATE OF DEATH 131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 W. Balto. St. 18-26 (WARD)

2 FULL NAME Irene Fowble

(a) RESIDENCE NO. 1220 W. Balto ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurr'd 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31st 1870

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Holloway Fowble
(Address) 1220 W. Balto St

FEB 26 1931 ..... 19 ..... G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from December 1st 30, to Feb. 26, 1931

that I last saw he alive on Feb. 26, 1931

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease 4
(duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benj. Sarabin M. D.

19 (Address) 2128 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arcadia Md Cemetery — DATE OF BURIAL 2/28/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

E 66010 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66010

CERTIFICATE OF DEATH.

82-01

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 17-25 St. Ward)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles Fehrman

(a) RESIDENCE No. 443 Becker N. PACA ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 30 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Fehrman

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Ferhman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizetta Steid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) Balto. City Hosp.

15 Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

MAR 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from 2-18-31, 19..., to 2-26-31, 19..., that I last saw him alive on 2-26-31, 19..., and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows:

Thrombosis, cerebral

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

2-26 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burial Grounds — DATE OF BURIAL 2/28/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 E. Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66011

CERTIFICATE OF DEATH

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. 90-49 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 0 ST. WARD)

2 FULL NAME Earl Whitehurst

(a) RESIDENCE No. 2830 Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9/12/30

7 AGE: Years | Months: 5 | Days: 14 | IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

odd

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Earl
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Estella Pettibrooke
13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virginia

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 26 1931, 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to Feb 26, 1931, that I last saw him alive on Feb 26, 1931, and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:
Pneumonia

"over"

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) Robert O. Neff Warren M. D.
, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 2/28 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-30—A. & Co.—250 Blks.

37 Whitefield
1730 Linden Ave

E 66012 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66012

CERTIFICATE OF DEATH

92-007

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1308 West Lexington St. (WARD) 26)

2. FULL NAME Alice J. Donahue

(a) RESIDENCE No. 1308 West Lexington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 2, 1889

7. AGE: Years 41 | Months 4 | Days 24 | If Less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

9. BIRTHPLACE (city or town) (state or country): Philadelphia

PARENTS
10. NAME OF FATHER: Bernard Donahue
11. BIRTHPLACE OF FATHER (city or town) (state or country): Ireland
12. MAIDEN NAME OF MOTHER: Emma Ose
13. BIRTHPLACE OF MOTHER (city or town) (state or country): Philadelphia

14. Informant: Mrs E Duerr
(Address) 1308 W Lexington

Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

B 26 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/26/31

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931, to Feb. 26, 1931, that I last saw h.. alive on Feb. 23, 1931, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Chronic endocarditis.
(duration) 7 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute myocarditis
(duration) 0 yrs. 0 mos. 5 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Examination

(Signed) Chas. S. Whitfield, M. D.
19. (Address) 1730 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral
UNDERTAKER: Wm Cook

DATE OF BURIAL: 2/28 1931
ADDRESS: 1217 S. Caul

Information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. — 10-21 — M&T — 1500 Bks.

E 66013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernan Hospital

CITY OF BALTIMORE: (NO. Hilldale, Md 19-28 ST., WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Jeffers

(a) RESIDENCE NO. 1600 Cole St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 25, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	6	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Phillip Jeffers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma Gephardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Father
(Address): same

15 Filed FEB 26 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to February 25, 1931, that I last saw him alive on February 25, 1931, and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Hip (Left)

(duration) yrs. 5 mos. (?) ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 36 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) H Alvan Foner, M. D.

, 19 (Address) Kernan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 2/28/ 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 127 S Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66014 E 66014

CERTIFICATE OF DEATH

25-32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2345 Annapolis Rd. St., Ward)

2-FULL NAME John T. Gosnell.

(a) RESIDENCE NO. 2345 Annapolis Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 8 mns. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Rose Gosnell.

6 DATE OF BIRTH (month, day, and year) June 7, 1883

7 AGE Years	Months	Days	If LESS than 1 day hrs. min.
47	8	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Talbott Gosnell.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma Harvey.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Rose Gosnell. (wife)
(Address) 2345 Annapolis Rd.

15 Filed FEB 26 1931 19 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of the tongue and throat.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D.

2/26/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 2/28 1931

20—UNDERTAKER Wm Cook — ADDRESS 1217 S. Eutaw

B.—WRITE PLAINLY. BLANKS MUST BE FILLED IN. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 66015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 66015

REGISTERED NO. 27-52

1-PLACE OF DEATH

City of BALTIMORE: (No. 4321 Falls Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lee Ruby.

(a) RESIDENCE NO. 4321 Falls Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apl 30, 1929

7 AGE	Years	Months	Days	If LESS than a day ...hrs. or ...min.
	1	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Raymond Ruby

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Scribner

13 BIRTHPLACE OF MOTHER (City or town) Md.

(State or country)

14 Informant Raymond Ruby

(Address) 4321 Falls Road

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931, to Feb. 24, 1931, that I last saw him alive on Feb. 24, 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Poisoning

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Congenital Heart Disease

Bronchitis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) J. H. Franklin, M. D.

, 19 (Address) 4037 Falls Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead Cemetery Co

Date of Burial Feb 22 1931

20 UNDERTAKER Sherwood Dodson

ADDRESS 3615 Clifton Ave

FEB 26 1931

CAUTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66016

CERTIFICATE OF DEATH.

131

15-21

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Walbrook Ave. ST. WARD)

2-FULL NAME Emma K. Hoffman

(a) RESIDENCE No. 1906 Walbrook Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Hoffman

6 DATE OF BIRTH (month, day, and year): Jan 3, 1860

7 AGE: Years 71 Months Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Daniel Yeager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: William F. Hoffman
(Address) 1906 Walbrook Ave

15 Filed FEB 26 1931, 19 H. GARDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-1-, 1930, to 2/26-, 1931 that I last saw ~~him~~ alive on 2/24, 1931 and that death occurred, on the date stated above, at 6^35-9. m.

The CAUSE OF DEATH* was as follows:
Nephritis Chronic
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. F. Bergquist M. D.

2/26, 1931 (Address) 1928 N. Fulton Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 1931

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3611 Clifton Ave

B 26 1931, 19 ..... Registrar

RPH

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66017

CERTIFICATE OF DEATH.

1-45 89-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Pelham Avenue ST. ..... WARD)

2-FULL NAME Dora H. Miles

(a) RESIDENCE NO. 2214 Pelham Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abram S. Miles

6 DATE OF BIRTH (month, day, and year) June 25, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) -------
(State or country) Ohio

PARENTS

10 NAME OF FATHER ------ Hartman

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Catherine Ream

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Not obtainable

14 Informant W. Harvey Taylor
(Address) 2214 Pelham Avenue

15 Filed FEB 26 1931, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 20, 1931, to Feby 26, 1931, that I last saw her alive on Feby 26, 1931, and that death occurred, on the date stated above, at 1.45 Pm.

The CAUSE OF DEATH* was as follows:
Meningitis
(true)

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) arut. otitis media
(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R G Davis, M. D.

, 19 (Address) 1509 N Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 2/27 19 31

20 UNDERTAKER Henry U. Myers & Son

ADDRESS 805 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 N. Calvert ST., 12-50 WARD)

REGISTERED NO. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Early

(a) RESIDENCE No. 2710 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CAUSE is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) ------

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 70	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway

(c) Name of employer & Electric Company

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Early

11 BIRTHPLACE OF FATHER (city or town) ------ (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rachel Cumming

13 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Ireland

14 Informant J. Howard Millar (Address) 412 Northway, Guilford

15 Filed C. HARRISON JONES, M.D. 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Feb 25 1931, that I last saw him alive on Feb 25, 1931, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows: Chronic Valvular endocarditis with failing compensation

(duration) — yrs. 11 mos — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Brack M. D.

2/26 19 31 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	2/28 19 31
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

E 66019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66019

CERTIFICATE OF DEATH

1—PLACE OF DEATH Childen's Hospital School REGISTERED NO. 12-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2—FULL NAME Elizabeth Bendenhoff

(a) RESIDENCE NO. 396 E. 20 St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8, 1919

7 AGE: Years 0 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Martin L. Bendenhoff

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Katherine Mears

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Hospital Records.
(Address)

15 Filed 2 6 1931 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb 25, 1931, that I last saw her alive on Feb 25, 1931 and that death occurred, on the date stated above, at 1 20 P. m.

The CAUSE OF DEATH* was as follows:

Retroperitoneal Sarcoma

(duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? Partial.

What test confirmed diagnosis? Gross Pathology

(Signed) T. C. Thompson, M. D.

Feb 25, 1931 (Address) Childen's Hospital School

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 2/27 1931

20 UNDERTAKER: Henry U. Mears and Son — ADDRESS: 505 N. Calvert

Death is in part due to, or may be a sequel of, important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66020

CERTIFICATE OF DEATH

X 79,145-001

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Hopkins Hospital **ST.,** ..... **WARD)**

2-FULL NAME Beatrice Briscoe

(a) RESIDENCE NO Bryantown, Md. (Usual place of abode) (268 Robert St) **ST.,** ..... **WARD** .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8? ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8/1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	0	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) St. Mary's School
(c) Name of employer Bryantown, Md.

9 BIRTHPLACE (city or town) (State or country) Bryantown, Md.

PARENTS

10 NAME OF FATHER Clarence Briscoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Bean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Kate R. Williams
(Address) 322 N. Schroeder St

15 Filed 1931 C. HUMPSON JONES, M. D. Registrar

B 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
General Peritonitis-Septicemia
(Retained Placenta-6 mons gestation)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) History Spontaneous Abortion (duration) ..... yrs. ..... mos. ..... ds.
(Hospital Records)

18 Where was disease contracted if not at place of death? Manual Removal

Did an operation precede death? ..... Date of Feb 17/31

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature], M. D. Coroner

2/26/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bryantown Charles Co. Md.

DATE OF BURIAL Feb. 27 1931

20 UNDERTAKER Mrs Kate R Williams

ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

66021 HEALTH DEPARTMENT—CITY OF BALTIMORE 66021

CERTIFICATE OF DEATH.

108

46-37

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

2. FULL NAME John E. Lacey

(a) RESIDENCE No. 1025 Wawoma Dr. St. Dayton Ohio Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gusie Lacey

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1906

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	25	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): ? Ohio

PARENTS

10 NAME OF FATHER: William Lacey

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Ohio

12 MAIDEN NAME OF MOTHER: Rosa Sphere

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Ohio

14 Informant: Records of (Address): Balto. City Hosp.

15 Filed: 26 1931, 19 ..... G. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from 2-19-31, 19..., to 2-26-31, 19... that I last saw him alive on 2-26-31, 19... and that death occurred, on the date stated above, at 4:35 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

2-26 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dayton Ohio Feb. 27 19 31

DATE OF BURIAL

20 UNDERTAKER: John C. Miller 2435 E. Oliver

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks.

66022

HEALTH DEPARTMENT—CITY OF BALTIMORE

66022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 1219 ST. WARD)

REGISTERED No. 130

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Barrett

(a) RESIDENCE No. 1513 Brentwood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...mn.
	22 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) Suffolk
(State or country) Va.

PARENTS
10 NAME OF FATHER Joseph Barrett
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.
12 MAIDEN NAME OF MOTHER Mary ?
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 19 Registrar

FEB 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-31

17
I HEREBY CERTIFY, That I attended deceased from 12-19-30, 19, to 2-23-31, 19
that I last saw him alive on 2-23-31, 19
and that death occurred, on the date stated above, at 5:35 P.M.
The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam; cultures
(Signed) Paul Padget M. D.
2-25 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS FEB 26 1931

PRF. WM. E. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66023

CERTIFICATE OF DEATH.

108

E 66023

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital ST. 23-33 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvia Rose

(a) RESIDENCE No. 41 East Hamburg ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13, 1930

7 AGE: Years 0 Months 7 Days 12 If LESS than 1 day ....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Clay Rose

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Margaret Herbert

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Virginia

14 Informant Clay Rose
(Address) 41 East Hamburg St

15 Filed FEB 27 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931, to Feb 25, 1931, that I last saw her alive on Feb 25, 1931, and that death occurred, on the date stated above, at 4 00 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right)

(duration) 0 yrs. 0 mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? 41 E Hamburg St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) L. Peter Meranski, M. D.

, 19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that any one may understand. See instructions on back of certificates. TION is very important

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66024

92-001

E 66024

CERTIFICATE OF DEATH

REGISTERED NO. 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 South Road ST. ..... WARD)

2—FULL NAME Emma Bowen Blick

(a) RESIDENCE NO. 1801 South Road ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3 1856

7 AGE: Years 74 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md.

PARENTS

10 NAME OF FATHER James Blick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Marcella Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saylor Estate Hillen Road Balto. Co. Md.

14 Informant Dr. Josiah S. Bowen
(Address) 1710 South Road, Mt. Washington

Filed FEB 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to February 26, 1931, that I last saw her alive on February 26, 1931 and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Josiah S. Bowen, M. D.

, 19 (Address) 1710 South Rd. Mt. Washington Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: A. S. Marshall ADDRESS: 3539 Falls Road

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66025

HEALTH DEPARTMENT—CITY OF BALTIMORE

66025

23

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ..... ST. 26 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minnie Carback

(a) RESIDENCE No. 3436 Leaverton ave. ST. 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marian Carback

6 DATE OF BIRTH (month, day, and year) May 16, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Meuller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Fisher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address) C. Hilleman Jones, M.

15 Filed 2-27 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 4, 1930, to Feb. 25, 1931 that I last saw her alive on Feb. 25, 1931 and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seiner M. D.

2-25 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Lilly & Zeller Inc

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2454 29 Paid.

E 66026

CERTIFICATE OF DEATH.

✓ E 66026

107-001

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 26 Ward)

2. FULL NAME Fred Fisher

(a) RESIDENCE No. 809 So. Eagle St. St. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3 15	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred Beirne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... G. HERBERT JONES, M. D. Registrar

FEB 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 24, 1931

that I last saw him alive on Feb 24, 1931

and that death occurred, on the date stated above, at 11 45 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) A. E. Kuttner M. D.

..... 19..... (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Feb 29 1931

20 UNDERTAKER: Lilly + Zeller Inc — ADDRESS: 4038 Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66027

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Chester St. ST. 2-4 WARD)

2. FULL NAME Mary Boniarski

(a) RESIDENCE NO. 410 S. Chester St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanly Boniarski

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Midwife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Isidore Smidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Boniarski
(Address) 1928 Bank St.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

B 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1931, to Feb. 15, 1931

that I last saw her alive on Feb. 15, 1931

and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. W. Lipsy M. D.

19 (Address) 437 S. Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Feb. 28, 1931

20 UNDERTAKER F. W. Ozazewski 1930 Eastern Ave

ADDRESS

Spec.—1-30—M. & T.—250 Bks

Time of burial extended to 3.1.31. J. Frederick Thompson Asst. Com

E 66028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002 E 66028

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W 23 ST. 12-50 WARD)

2-FULL NAME Martha Carter

(a) RESIDENCE No. 112 W 23 ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Noah Carter

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE 53 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-infe[illegible]

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Spartanburg South Carolina

PARENTS

10 NAME OF FATHER Isaac Sparman

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Noah Carter
(Address) 112 W. 23rd St

15 Filed ..... 19 ..... For ..... Registrar

C. HARRISON JONES, M. D.

B 2/7/1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to Feb 24, 1931, that I last saw h~~e~~ alive on Feb 24, 1931, and that death occurred on the date stated above, at 10:30 P m.

The CAUSE OF DEATH was as follows:*

Influenza.

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exp.

(Signed) Roland [illegible] M. D.

Feb 27, 1931 (Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Mar 1, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important.

Spec.—1-30—M. & T.—250 Bks.

E 66029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

T 52 E 66029

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No. Calhoun & Gilmor Sts. WARD) 25-72

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William O'Neil

(a) RESIDENCE NO. Harve De Grace ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 85 Years Months Days If LESS than 1 day: hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Roland Burke
(Address): 51 S. Hanover St.

Filed FEB 27 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27, 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Feb, 1927-31

that I last saw him alive on Feb 27, 1931,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face & metastasis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Insanitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-6-30

Was there an autopsy? No Examination

What test confirmed diagnosis? Biopsy

(Signed) Hjalmar S. Anderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harvedale Grace Md DATE OF BURIAL: Mar 1 1931

20 UNDERTAKER: John D. Mitchell Sons ADDRESS: 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 66030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 66030

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2525 Carlton St. 70-69 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha J Morrill

(a) RESIDENCE No. 2525 Carlton St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E Morrill

6 DATE OF BIRTH (month, day, and year) 10-21-1852

7 AGE Years 78 Months 4 Days 4 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Weyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Clarence O Morrill
(Address) 2525 Carlton St

15 Filed 2-7 1931 C. HUNTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25-1931

17 I HEREBY CERTIFY, That I attended deceased from 2/23, 1931, to 2/25, 1931 that I last saw he alive on 2/25, 1931 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physician

(Signed) Louis Flatz M. D.

2/27 1931 (Address) 2145 N Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/28 1931

20 UNDERTAKER George A Kelly

ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66031

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 66031

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. Sally Hospital ST. 21-24 (WARD)

2-FULL NAME Conrad L. Scheel

(a) RESIDENCE NO 1167 N Hamburg ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 18 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Mears Transfer Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falls Md

PARENTS

10 NAME OF FATHER John L. Scheel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Lakenmist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elsie L. Forrace

(Address) 1167 N. Hamburg St

15 Filed FEB 27 1931 1932 C. HUMPSON JONES, M.D. Registrar

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1167 N. Hamburg

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) G. C. Cadell, M. D. Coroner

, 19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Mrs Mrs. John W. Penfold & Son

ADDRESS 801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34 E 66032

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 22-30 (WARD)

2 FULL NAME Bruce Ferguson

(a) RESIDENCE No. 615 W. Barre ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1887

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	43		10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) On Boat
(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) West Indies

PARENTS
10 NAME OF FATHER Evangelist
11 BIRTHPLACE OF FATHER (city or town)
(State or country) West Indies
12 MAIDEN NAME OF MOTHER Mary Morse
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) West Indies

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed ..... 19 ..... BY ..... M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17
I HEREBY CERTIFY, That I attended deceased from 2-28-30, 19..., to 2-25-31, 19...
that I last saw him alive on 2-25-31, 19...
and that death occurred, on the date stated above, at 12:05 A.m.
The CAUSE OF DEATH* was as follows:

Syphilis of aorta with aortic insufficiency.
(duration) 2½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Infarcts of lungs
(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget M. D.
2-25 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion
DATE OF BURIAL 2/28 1931

20 UNDERTAKER Sarah L Brown Sons
ADDRESS 108 N Monty 8

FEB 27 1931

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66033

94-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hopkins Hospital ST., 11-26 WARD)

2-FULL NAME A. Hunter Boyd, Jr

(a) **RESIDENCE** NO Balto. Club Charles & Madison ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16/1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attorney
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O RR

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER A. Hunter Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Allen S. Bowie
(Address) 811 Hamilton Terrace

15 Filed FEB 27 1931 192 HARPER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

..... (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? By Dr. Bridgeman

(Signed) J. S. Collins, M. D. Coroner

2/27/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md. — DATE OF BURIAL Feb 27 1931

20 UNDERTAKER Henry Myerdierk — ADDRESS Cumberland Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66034

107-1-001

E 66034

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 N. North Ave. ST. 15-18 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna L. Boyd

(a) RESIDENCE No. 2535 N. North Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank G. Boyd

6 DATE OF BIRTH (month, day, and year) Jan. 3-1856

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, professinn nr particular kind nf work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city nr tnwn) (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Hornick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Frank Boyd
(Address) 4030 Pate Ave

15 Filed ..... 19..... Registrar .....

FEB 27 1931 THOMSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 25, 1931 that I last saw her alive on Feb 25, 1931 and that death occurred, on the date stated above, at 1 P m. The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Willett M. D.

Feb 27, 1931 (Address) 2220 Harrison St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 27 1931

20 UNDERTAKER Wm J Tickner Sons — ADDRESS N. Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66035

23 E 66035

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 517 Asquith St. 5-8 Ward)

2-FULL NAME Raymond Bevine

(a) RESIDENCE NO. 517 Asquith St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12 1907

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
24	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Richmond
(State or country) Va.

PARENTS

10 NAME OF FATHER Manor Bevine

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Va

12 MAIDEN NAME OF MOTHER Virginia Wilson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va.

14 Informant Virginia Bevine
(Address) 517 Asquith St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Report by Dr Young

(Signed) J. S. Hines, M. D.

2/27/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Feb 28 1931
20 UNDERTAKER	**ADDRESS**
Mrs. R. A. Elliott	Ashland

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1931 BALTIMORE, MD.

Spec.—1-30—M. & T.—250 Bks

E 66036

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 66036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospt. ST., 12-50 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christine Lewis

(a) RESIDENCE No. 345 East 24th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of --

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29		5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer --

9 BIRTHPLACE (city or town) --
(State or country) Virginia

PARENTS

10 NAME OF FATHER David Wallace

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lottie Lewis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Records of Baltimore City Hospitals
(Address)

15 Filed Feb 27 1931, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from 1-1- 19 31, to 2-25-31, 19 ....,

that I last saw her alive on 2-25-31, 19 ....,

and that death occurred, on the date stated above, at 3:30PM m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY --
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Fred M. Dunkenwalf, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL March 2 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1726 Woodlawn Ave

CAUSE OF DEATH MUST be given on back of certificates. See instructions on back of certificates. TION is very important

Spec.—9-30—A. & Co.—250 Bks.

E 66037 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66037

108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Gouvine St. 5-9 WARD)

2. FULL NAME Walter Green

(a) RESIDENCE NO. 425 N. Gouvine ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 20, 1915

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
15	16	5	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Reglin
(State or country) S. C.

PARENTS

10 NAME OF FATHER Jack Green

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Hattie Dixon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S. C.

14 Informant Hattie Gregory
(Address) 425 N. Gouvine St.

15 Filed ....., 19 ..... GEORGE W. JONES, M. D. Registrar

FEB 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from 2-12-, 1931, to 2-25, 1931

that I last saw him alive on 2-25, 1931

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) NR

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NW

Did an operation precede death? NW Date of

Was there an autopsy? NW

What test confirmed diagnosis? Sputum

(Signed) Geo. Allen M. D.

2-25-1931 (Address) 508 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reglin S. C. DATE OF BURIAL Feb. 27 1931

20 UNDERTAKER Wm. A. A. Elliott ADDRESS 1725 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66038

83

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 South Streeper ST. 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Juracek

(a) RESIDENCE No. 809 S Streeper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. * mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anthony Juracek

6 DATE OF BIRTH (month, day, and year) Nov 1862

7 AGE 69 Years * Months * Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs Juracek [redacted]
(Address) 809 S. Streeper St

15 Filed FEB 27 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to Feb. 25, 1931, that I last saw h[illegible] alive on Feb 25, 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

General Paresis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Standish McCleery, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Wm Grebenschow ADDRESS 423 S. Pace St.

CAUSE OF DEATH [illegible] TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 66039

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 66039

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Carroll ST., 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline O Ries

(a) RESIDENCE No. 820 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept 18 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

(c) Name of employer: J Frenz

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Fredk A Reis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary A Reisberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Geo W Reis

(Address) 1910 Griffis Ave

15 Filed 19 C. HUDSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 19, 1931, to Feby 26, 1931, that I last saw her alive on Feby 25, 1931, and that death occurred, on the date stated above, at 2 20 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M A O'Neill M. D.

2/26, 1931 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL 3/2 1931

20 UNDERTAKER: Wm Cook

ADDRESS 121 S St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66040

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 131 E 66040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 4 30 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Widronsky

(a) RESIDENCE NO. Bay Shore Park Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ or) WIFE of John Widronsky

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE Years 43 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John Gydosz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mr. Binko
(Address) South Saint Paul near Pratt

15 Filed ..... 19 .....

THAD. SOPER JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from February 23, 1931, to February 25, 1931, that I last saw h~~e~~ alive on February 25, 1931, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis generalized
Hypertension - secondary?
Nephritis - chronic?

If unknown ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency?
~~Broncho pneumonia~~ (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of ——

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical signs + autopsy findings.

(Signed) George A. Weber, M. D.

2-25, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER George A. Weber

ADDRESS 705 S. Amity st.

CAUSE OF DEATH is very important. See instructions on back of certificates.

FEB 2 1931

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66041 X 93-003 E 66041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 30 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Benjamin~~ Reginald Hammond

(a) RESIDENCE NO. ..... Josaup, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lillian V. Hammond

6 DATE OF BIRTH (month, day, and year) July 30-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~54~~	60	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) 54
(c) Name of employer

9 BIRTHPLACE (city or town) Odenton
(State or country) Md

PARENTS

10 NAME OF FATHER Reginald A. Hammond

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emma L. George

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Mrs. Lillian V. Hammond
(Address) Odenton

15 Filed ..... 19 ..... Registrar HARRISON JONES, M. D.
FEB 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to Feb 27, 1931, that I last saw him alive on Feb. 27, 1931, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Infarction
Myocardial Degeneration

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) George Yeager, M. D.

, 19 (Address) University Hospital, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~ MOVAL, CREMATION OR RE- for Lincoln Cem — DATE OF BURIAL Mar 2 1931

20 UNDERTAKER Wm J Tickner & Son — ADDRESS N. Y. Pa

CAUSE OF DEATH in plain terms, so that a layman can understand. See instructions on back of certificates. ATTENTION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66042 — CERTIFICATE OF DEATH — 82-001 — E 66042

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Maryland ave ST., 12-51 WARD)

2—FULL NAME Ellen H. Lowry

(a) RESIDENCE NO. 2405 Maryland ave ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 5 mos. 17 ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Sept 9 1842

7 AGE: Years 88 Months 5 Days 17 If LESS than 1 day, hrs. or min. ____

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William L Lowry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lydia W Lowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs D. P. Gough
(Address) 2617 St Paul st

15 Filed ____, 19____ HARRISON JAMES M. ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 5 1930 to Feb. 26 1931, that I last saw her alive on Feb. 26 1931 and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis (senile). Diabetes denied

(duration) some yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? clin. Exam.

(Signed) J. Ward Bisner, M. D.

Feb. 28, 1931 (Address) 2125 Maryland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Geo Schilling & Sons

ADDRESS 1126 E Monument st

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66043

95-002

CERTIFICATE OF DEATH

E 66043

REGISTERED NO. 15-21

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 N. Fulton Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Sadie Ann Freeman

(a) RESIDENCE NO. 2039 N. Fulton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Wh

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Geo. Freeman

6 DATE OF BIRTH (month, day, and year) Nov 18/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm Crouch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Sadie Martin
(Address) 2039 N. Fulton Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 26-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Feby 26, 1931, that I last saw her alive on Feby 26, 1931 and that death occurred, on the date stated above, at 10 35 a m.

The CAUSE OF DEATH* was as follows:

Sudden Heart attack following Rheumatism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Heart action no Valvular lesion
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Elefmith, M. D.

2/26, 1931 (Address) 1005 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Mar 2 1931

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. Northan

important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

L 66044

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 66044

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals T.B. 11-24

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2 FULL NAME Marie Blair

(a) RESIDENCE No. 915 Druid Hill Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
41	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Londar Blair

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Esther Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records
(Address)

15 Filed 3-27 1931 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1930 to Feb. 24, 1931 that I last saw her alive on Feb. 24, 1931 and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ward Turner M. D.

2-24 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baynesville Va

DATE OF BURIAL: 2/27 1930

20 UNDERTAKER: Sadie Easton

ADDRESS: Pa an

CAUSE OF DEATH in plain terms, so that it may be properly classified, is of great statistical importance. See instructions on back of certificates.
TION is very important.

Spec.—1-30—M. & T.—250 Bks

E 66045 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66045

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 18-24 WARD)

2-FULL NAME Charles Stankus

(a) RESIDENCE NO. 815 W. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Stankus

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 48; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): ? Lithuania

PARENTS

10 NAME OF FATHER: Joseph Stankus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Catherine Melaskie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of (Address) Balto. City Hospitals

15 Filed 2 7 1931 19 ..... C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from 2-14-31, 19..., to 2-26-31, 19..., that I last saw him alive on 2-26-31, 19..., and that death occurred, on the date stated above, at 7:00 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach.

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumoni

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 2-18-31

Was there an autopsy? no operation

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Dunkerley, M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 2/28 1931

20 UNDERTAKER: Chas B. Kuchnastas

ADDRESS: 637 S. Paca St.

TION is very important. See instructions on back of certificates.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

E 66046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66046

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the Mercy Hospital.

City of Baltimore: (No. _____ St., 3-5 Ward)

2-FULL NAME Mary Keenan.

(a) RESIDENCE NO. 26 Albemarle St. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed _____, 19 _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? 26 Albemarle St. February 16, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

2/25/31 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL _____ 19

20 UNDERTAKER Commissioner Health.

ADDRESS

UNIVERSITY OF MARYLAND
FEB 27 1931

2/27/1931

Spec.—9 30—A. & Co.—250 Bks

66047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-053 66047

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-67 Ward)

2. FULL NAME Daniel L. Wharton

(a) RESIDENCE No. 3005 W. Belmont St. WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wharton

6 DATE OF BIRTH (month, day, and year) Sept. 17, ?

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pilot

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Newport
(State or country) N. J.

PARENTS

10 NAME OF FATHER Edward D.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Del.

12 MAIDEN NAME OF MOTHER Sarah Lord

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. J.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed FEB 2 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from 2-19-31, 19..., to 2-25-31, 19...

that I last saw him alive on 2-25-31, 19...

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Aortic insufficiency unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

2-25 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Disinterred by Wm. Jackson Sons | DATE OF BURIAL 19

20 Shipped to Cheraw S. C. ADDRESS March 2/31

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

FEB 2 1931

PAT. WM. E. WOODALL

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66048 — E 66048

CERTIFICATE OF DEATH

119

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 915 Eastern ave ST., 3-5 WARD)

2—FULL NAME Albert Ganetta

(a) RESIDENCE NO. 915 Eastern ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8, 1930

7 AGE: Years 1 Months 20 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Albert Ganetta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Clementina Bruni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Albert Ganetta

(Address) 915 Eastern ave

Filed Feb 27 1931, 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 26 31

17 I HEREBY CERTIFY, That I attended deceased from Feby 23, 1931, to Feby 26, 1931 that I last saw him alive on Feby 26, 1931 and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Feb 27, 1931 (Signed) Joseph L. Volentine M. D.

(Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: Frank V. Pepitone — ADDRESS: 2818 E. Balto.

Important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Bks.

66049

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 66049

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... St. 46-37 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William Hurley

(a) RESIDENCE No. None St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Wales

PARENTS

10 NAME OF FATHER James Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine Beam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records
(Address) .....

15 Filed 2-27 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to Feb. 26, 1931 that I last saw him alive on Feb. 26, 1931 and that death occurred, on the date stated above, at 9.10 a. m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis Clinical

(Signed) David Lewis M. D.

2-26 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—7-17-26—A Co.—200 Bks.

E 66050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X137

E 66050

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO.

City of BALTIMORE: (No. 11-24 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David M Scholl

(a) RESIDENCE NO. Walkersville Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 14 1880

7 AGE Years: 50 Months: 7 Days: 13 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): walkersville Md

(State or country)

PARENTS

10 NAME OF FATHER: William Scholl

11 BIRTHPLACE OF FATHER (City or town): Frederick Co Md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Wood

13 BIRTHPLACE OF MOTHER (city or town): Frederick Co Md

(State or country)

14 Informant: Hospital record

(Address)

Filed 3 27 1931 C. HUMPSON JONES, M. D. Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 19 31, to Feb 27, 19 31, that I last saw him alive on Feb 27, 19 31, and that death occurred, on the date stated above, at 1:50 P m.

The CAUSE OF DEATH* was as follows:

Prostatic abscess

(duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) uremia

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Feb 20, 1931

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glade Valley Md Date of Burial: Mar. 1 1931

20 UNDERTAKER: Mrs. K. S. Putman ADDRESS: Walkersville Md.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66051

CERTIFICATE OF DEATH.

108

28-71

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5311 Wendley Road ST. ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Leland Bert Weeks

(a) RESIDENCE No. 5311 Wendley Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen V. Weeks

6 DATE OF BIRTH (month, day, and year) Aug 11 1897

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	33	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Card in Manufd

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer Montgomery Ward

9 BIRTHPLACE (city or town) (State or country) Water Valley Miss.

PARENTS

10 NAME OF FATHER Wm. A. Weeks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Miss

12 MAIDEN NAME OF MOTHER Mollie Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss

14 Informant Helen V. Weeks
(Address) 5311 Wendley Road

15 Filed ....., 19 ..... Registrar

C. H. JESSE JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 26, 1931, that I last saw him alive on Feb 25, 1931, and that death occurred, on the date stated above, at 1:50 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) L'Grip Pneumonia

(duration) ..... yrs. ..... mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Helen Storer M. D.

Feb 27 1931 (Address) 1939 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feby 28, 1931

20 UNDERTAKER Wm. J. Tickner & Sons | ADDRESS N. Pa. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT TION is very important. See instructions on back of certificates.

6 27 1931

1-30—M. & T.—100 B—50L

E 66052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66052

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital (STREET OR PLACE)

2-FULL NAME Christian F. Gakenheimer

(a) RESIDENCE No. 35 Overbrook Rd Govanstown, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha C. Gakenheimer

6 DATE OF BIRTH (month, day, and year): July 25 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer): Drug
(c) Name of employer: Proprietor

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Christian F. Gakenheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lizzie Kinker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertha C. Gakenheimer
(Address) 35 Overbrook Rd Govanstown

15 Filed 2 7 1931 192 C. HUMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leigh, M. D. Coroner

Feb 27 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 2 / / 1931

20 UNDERTAKER: F. D. Wilfert

ADDRESS: 1300 Eutaw Place

B

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks. L. Owens

E 66053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66053

CERTIFICATE OF DEATH.

93-003

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 2205 Ashton) ST. 20-69 WARD

2. FULL NAME Frank H. Brown

(a) RESIDENCE No. 2205 Ashton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 13 ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Brown

6 DATE OF BIRTH (month, day, and year) Jan 13th 1865

7 AGE: Years 66. Months 1 Days 13 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): B.C.R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jo. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Wilhelmina Lemke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Wilhelmina Brown
(Address) 2205 Ashton St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-23, 1931, to 2-27, 1931 that I last saw him alive on 2-27, 1931 and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

(1) Acute dilitation of Heart
(2) Auricular fibrillation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) A. Aial Lewis M. D.

19 (Address) Wilson & Eyts. Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery

DATE OF BURIAL 2/28/1931

20 UNDERTAKER: H. B. Wolfhart

ADDRESS 1550 W. Balt. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

2/1931 C. HUDSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 66054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66054

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH Baltimore City Hospitals

76-37

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St ..... WARD)

2 FULL NAME James Turzio

(a) RESIDENCE No. none St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) August 16, 1855

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O.K.
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS
10 NAME OF FATHER: K. Turzio
11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy
12 MAIDEN NAME OF MOTHER: M. Bartho
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed B 27 1931 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931 to Feb. 26, 1931 that I last saw him alive on Feb. 26, 1931 and that death occurred, on the date stated above, at 1:05 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	2/28 1931.

20 UNDERTAKER: Kendall Jofrey ADDRESS: 300 S. Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-30—M. & T.—250 Bks

E 66055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66055

15

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. North Broadway ST. WARD) 6-91

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elise Shipley

(a) RESIDENCE No. Church Home & Infirmary ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 78 ? Months ..... Days ..... If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

PARENTS

10 NAME OF FATHER Nicholas H. Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Georges Co Md

12 MAIDEN NAME OF MOTHER Margaret Contee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Georges Co Md

14 Informant R. Contee Rose
(Address) Murray Building

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MAR 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to Feb 27, 1931, that I last saw her alive on Feb 27, 1931, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

Cause Unknown (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Septicemia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) James F. Garey, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 2/28/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 66056 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66056

CERTIFICATE OF DEATH.

REGISTERED No. 25-76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 4th Ave St. Wagner Point WARD) 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Mills Saunders

(a) RESIDENCE No. 3823 4th Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Female	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L Saunders

6 DATE OF BIRTH (month, day, and year) Feb 18 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER John Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Sallie A Hall

(Address) 3823 4th Ave

Filed FEB 27 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1931, to Feb. 26, 1931

that I last saw her alive on Feb. 24, 1931

and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam. urine

(Signed) [illegible] M. D.

Feb 27 1931 (Address) 481 S Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Church Creek Cemetery	Feb 28 1931

20 UNDERTAKER Cambridge Funeral Home John H Denny ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Blks.

E 66057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66057

92-

CERTIFICATE OF DEATH

20-7

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Frederick Ave. St. WARD)

2 FULL NAME Edgar L. Holle

(a) RESIDENCE NO. 3322 Frederick Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara D. Holle

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1891

7 AGE: Years 39 Months 3 Days 30 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS
10 NAME OF FATHER Edward Holle
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland
12 MAIDEN NAME OF MOTHER Louisa Phillips
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr. Edward Holle
(Address) 3322 Frederick Ave.

15 Filed 2 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26, 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb 22 1931 to Feb 26 1931 that I last saw him alive on Feb 26 1931 and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency
indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl & Phy Exam

2/27 1931 (Signed) J. T. Kyper M. D.
(Address) 3321 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb. 28 1931

20 UNDERTAKER Joseph H. Cook ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 66058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66058

CERTIFICATE OF DEATH.

131

15-63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Belle Avenue ST., WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick W. Ellinghaus

(a) RESIDENCE No. 3820 Belle Avenue ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 64 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Sauer

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) -------
(State or country) Germany

PARENTS

10 NAME OF FATHER Frederick W. Ellinghaus

11 BIRTHPLACE OF FATHER (city or town) -------
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) -------
(State or country) Germany

14 Informant N. Andrew Ellinghaus
(Address) 3820 Belle Avenue

15 Filed 2-7-1931, 19 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to 2/25, 1931, that I last saw him alive on 2/25/31, 19, and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Nephritis Interstitial

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Urine

(Signed) Nelson Slosson, M. D.

19 (Address) 1439 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 2/28 1931

20 UNDERTAKER Henry W. Mears

ADDRESS 805 W. Calvert

...TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66059

CERTIFICATE OF DEATH.

X 108

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Cator Avenue ST. 2572 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Hugh Curley

(a) RESIDENCE No. St. Ann's Wash. D.C. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 60	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Roman Catholic

(b) General nature of industry, business, or establishment in which employed (or employer) Priest

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Michael Curley

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Annie B. —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Jenkins Memorial Hosp.
(Address) 1000 Cator Avenue

Filed MAR 2 1931 19..., C. HAMPSON JONES, M.D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from ..., 19 30, to February 26, 19 31, that I last saw him alive on Feb. 25, 19 31, and that death occurred, on the date stated above, at 7:00 A.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic hypertrophy of the heart
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Alexander S. Anderson, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/2 19 31

20 UNDERTAKER Henry W. Mears & Son — ADDRESS 805 N. Calvert

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66060

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 66060

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph Hospital

REGISTERED NO. .....

CITY OF BALTIMORE: (NO. Cleveland & Baker ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Granato

(a) RESIDENCE NO. 1629 Gough St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or WIFE of: Single

6 DATE OF BIRTH (month, day, and year) February 8. 1875

7 AGE: Years 56 | Months | Days 18 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ....

(c) Name of employer: ....

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Michael Granato

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosa Palatta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Josephine Insperia
(Address) 1629 Gough St

15 Filed ..... 19 .....

2 7 1931

RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19..., to 2-26-31, 19..., that I last saw him alive on 2-26-31, 19..., and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:
Bronchio-Pneumonia with Undetermined Streptococcus Hemolyticus Septicaemia (duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) N. Kirchdrif M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dom Rudenica — DATE OF BURIAL: 2-28-31, 19

UNDERTAKER: Randall & Lynch — ADDRESS: 300 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66061

131

CERTIFICATE OF DEATH.

REGISTERED No. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3027 Westfield Ave. ST. WARD

2. FULL NAME John Thomas Emminger

(a) RESIDENCE No. 3027 Westfield Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Emminger

6 DATE OF BIRTH (month, day, and year): 12-3-1847

7 AGE: Years 83 ? Months 2 Days 23 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sea Captain

(b) General nature of industry, business, or establishment in which employed (or employer): 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John T. Emminger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mathurin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mathurin

14 Informant: Mrs Gladys Longwell
(Address) 3027 Westfield Ave

15 Filed 19 31 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26-31

17 I HEREBY CERTIFY, That I attended deceased from February 31 to Feb. 26 1931 that I last saw him alive on Feb. 20 1931 and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Nephritis - Chronic Bronchitis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. McElwain M. D.

19 (Address) 31 E Norley Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 2/28 1931

20 UNDERTAKER: L. J. Rauch

ADDRESS: 5405 Sefton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 271931

Spec.—1-30—M. & T.—250 Bks.

E 66062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66062

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. ..... WARD)

2-FULL NAME Glenn Knight

(a) RESIDENCE No. Bengies, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21, 1930

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bengies Md.

PARENTS

10 NAME OF FATHER Thomas Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elvina Eccleston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Thomas Knight
(Address) Bengies Md.

15 Filed FEB 27 1931 19 C. HAMPSON JONES, M. D. Registrar
By ACK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to Feb 27, 1931, that I last saw him alive on Feb 26, 1931, and that death occurred, on the date stated above, at 4:35 p.m.

The CAUSE OF DEATH* was as follows:
Bilateral bronchopneumonia
(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Resp. fracture
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Bengies Md.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X ray, Phys. examination

(Signed) Jesse S. Fifer M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer Cemetery, Chase Md. DATE OF BURIAL Feb 28/31

20 UNDERTAKER Hughes & Jones Inc ADDRESS 1 W Broadway

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66063

34 E 66063

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. 3-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma Wilson

(a) RESIDENCE NO. 203 S. Dallas St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Thompson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Harriet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

2 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-31

17 I HEREBY CERTIFY, That I attended deceased from 2-21-31, 19 ..., to 2-25-31, 19 ...

that I last saw her alive on 2-25-31, 19 ...

and that death occurred, on the date stated above, at 11:50 A.m.

The CAUSE OF DEATH* was as follows:

Syphilis of Aorta
with Aneurysm

More than (duration) yrs. 3½ mos. ds.

CONTRIBUTORY ✓
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Jas. Grinnalds M. D.

19 ..... (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL 2/28/31 19

20 UNDERTAKER George J. Roth, Inc. Undertakers — ADDRESS 2/27/31
1735-Harford Avenue.

CAUSE OF DEATH OR DISEASE ON PLACE OF BURIAL, REMOVAL, ETC. See instructions on back of certificates.
TION is very important.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66064 82-004 E 66064

CERTIFICATE OF DEATH.

REGISTERED NO. 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Belt ST., WARD)

2-FULL NAME Clarence D. Catlett

(a) RESIDENCE NO. 1703 Belt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Ellen N. Childress

6 DATE OF BIRTH (month, day, and year) Aug 30th 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor (R.R.)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R. Co.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John L. Catlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Chatwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Ellen Catlett
(Address) 1703 Belt St.

15 Filed 19 Registrar

MARYON JONES, M. D.

FEB 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1929, to Feb 25/31, 19, that I last saw him alive on Feb 25/31, 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: 3rd Date
Pneumonia, (Central)
Chronic Interstitial Nephritis
(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry B. Koll, M. D.

Feb 26/31 (Address) 1208 Eye

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Three Square, Va.

DATE OF BURIAL 2/28/1931

20 UNDERTAKER C. D. Fanning & Son

ADDRESS 1938 E. Lafayette Ave.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

245170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 66065 JOHNS HOPKINS HOSPITAL E. 66065

CERTIFICATE OF DEATH.

X 107-001

1 PLACE OF DEATH 19

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2 FULL NAME William G. Gibson

(a) RESIDENCE No. Washington Pa. ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6 DATE OF BIRTH (month, day, and year): Apr. 20 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Bank

(c) Name of employer: 062

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Esther Reaick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 28 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27-31

17 I HEREBY CERTIFY, That I attended deceased from Feb-3, 1931, to Feb 27, 1931 that I last saw him alive on Feb 27, 1931 and that death occurred, on the date stated above, at 8 32 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia -
Post-operative -

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy
Cerebrovascular (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb. 9, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Jas. H. Brawner, Jr. M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington Pa.

DATE OF BURIAL: Feby 28 1931

20 UNDERTAKER: John O. Mitchell & Sons.

ADDRESS: 1911 Eutaw Place

GIVING OF DEATH is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66066 46 66066

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Ceil Apartments St. 4F-24 WARD)

2 FULL NAME Amelia Dwetser Thomas

(a) RESIDENCE No. Ceil Apartments St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 83 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 87 yrs. 5 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 9 1843

7 AGE Years 87 Months 5 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9 BIRTHPLACE (city or town) A. A. Co.
(State or country) Maryland

PARENTS
10 NAME OF FATHER Samuel Thomas
11 BIRTHPLACE OF FATHER (city or town) ? ? ?
(State or country) Maryland.
12 MAIDEN NAME OF MOTHER Maria Dwetser
13 BIRTHPLACE OF MOTHER (city or town) Annapolis.
(State or country) Maryland.

14 Informant Mrs Cora M. Guard (niece)
(Address) Ceil Apts.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26/31.

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1930 to Feby 26 1931 that I last saw h. alive on Feby 26 1931 and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver — about 6 (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no —

What test confirmed diagnosis? none

(Signed) Chas W Lagrand — M. D.

Feb 27 1931 — (Address) 1327 Park Ave —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Stewart & Conn Co ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that a layman can understand. See back of certificate.
TION is very important. See instructions on back of certificate.

8 28 1931

Spec.—9-30—A. & Co.—250 Bks

66067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66067

134-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 W Fayette St. 70-69 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth R Smith

(a) RESIDENCE No. 2111 W Fayette ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1901

7 AGE	Years	Months	Days	If Less than 1 day ....hrs. or ....min.
	29	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): 109

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jacob G. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary R King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Jacob G Smith
(Address) 2111 W Fayette St

15 Date FEB 28 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/6/31, 19 ..., to 2/26/31, 19 ..., that I last saw he alive on 2/26/31, 19 ..., and that death occurred, on the date stated above, at 6 20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pelvic Abscess

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/6/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Bernard E Brach M. D.

..... 19 (Address) 2229 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park

DATE OF BURIAL: 3-2-1931

20 UNDERTAKER: Bernard E Stark

ADDRESS: 1004 S Paca St.

CAUSE OF DEATH on back of certificate. See instructions on back of certificate. TION is very important.

Spec.-7-17-26—A Co.—200 Bks.

66068

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-1001

E 66068

CERTIFICATE OF DEATH

25-72

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Dixon

(a) RESIDENCE NO. 1211 Cassard Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 8, 1923

7 AGE Years 7 Months 5 Days 19 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio

(State or country)

PARENTS

10 NAME OF FATHER Veryl Leroy Dixon

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Alexander

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hospital Record

(Address)

15 Filed FEB 28 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to Feb 27, 1931, that I last saw h alive on Feb 27, 1931, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? At hospital

Did an operation precede death? Yes Date of 2-26-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial: March 2 1931

20 UNDERTAKER: Jos Goerdens Son ADDRESS: 2178 Pa

tion should be carefully supplied. AGE should be stated EXACTLY. Blanks should not be left. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

CERTIFICATE OF DEATH

E 66069

REGISTERED NO. E 66069

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Glover ST. 7-12 WARD)

2-FULL NAME Frank Koutnik

(a) RESIDENCE No 711 N. Glover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Koutnik

6 DATE OF BIRTH (month, day, and year) Feb 2/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Czechoslovakia

PARENTS

10 NAME OF FATHER John Koutnik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czechoslovakia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czechoslovakia

14 Informant John J. Koutnik
(Address) 711 N. Glover St

15 Filed FEB 26 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure-Hypertension 2 yrs
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall down stairs 4 wks ago
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Kaer, M. D. Coroner

2/28/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL Mar 1/31 ~~Feb 28~~ 19 31

20 UNDERTAKER August Parch

ADDRESS 2406 Ashland ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of DISEASE is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66070

93906

E 66070

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2709 Parkwood ST. 13-59 WARD)

2 FULL NAME Annie E Kirk

(a) RESIDENCE NO. 2709 Parkwood ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev Hermann F Kirk

6 DATE OF BIRTH (month, day, and year) March 15 59

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer (3)

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Becke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mt Knowlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs W P Kirkwood.
(Address) 2709 Parkwood Ave

15 Filed Feb 28 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1931 to Feb 26 1931 that I last saw h alive on Feb 26 1931 and that death occurred, on the date stated above, at 1 30 P. M.

The CAUSE OF DEATH* was as follows:
Endocarditis, Mitral Insufficiency
Myocarditis, Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W L Dailey M. D.

..... 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount Park Cem

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER W M Loutton

ADDRESS 2238 N Avenue

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

66071

HEALTH DEPARTMENT—CITY OF BALTIMORE

66071

CERTIFICATE OF DEATH.

95-002

REGISTERED No. 15-65

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2. FULL NAME James Moore

(a) RESIDENCE No. 2807 Bonner Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Moore

6 DATE OF BIRTH (month, day, and year) 11-23-1845

7 AGE: Years 85 Months 3 Days 4 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Police Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bavaria

12 MAIDEN NAME OF MOTHER: Susan Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Hospital Records

15 Filed ____, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 '31

17 I HEREBY CERTIFY, That I attended deceased from 2-19, 1931, to 2-27, 1931 that I last saw him alive on 2-27, 1931 and that death occurred, on the date stated above, at 10-15 P. m. The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular disease
Auricular Fibrillation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Mesenteric Thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Exploratory 2-26-31

Was there an autopsy? No

What test confirmed diagnosis Clinical - Operation

(Signed) J Leyko M. D.

2/27 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Ben

DATE OF BURIAL: Mar 2 1931

20 UNDERTAKER: W M Routson

ADDRESS: 223 E N North

CAUSE OF DEATH at plant terms, as can be easily TION is very important. See instructions on back of certificates.

FEB 26 1931

CHARLES JONES, M. D.

Spec.—2-20-26—L. F. S.—500 Bks.

E 66072

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 66072

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1058 W. Fayette ST. 14-26 WARD)

2—FULL NAME William Chavis (Chevis)

(a) RESIDENCE NO. 1058 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. [illegible] mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Chavis

6 DATE OF BIRTH (month, day, and year): — — 1863

7 AGE: Years 67 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Durham N.C.

PARENTS

10 NAME OF FATHER: Henry Chavis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Durham N.C.

12 MAIDEN NAME OF MOTHER: Adah Kirven

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Jennie Chevis
(Address): 1058 W. Fayette St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb. 26, 1931, that I last saw him alive on Feb. 26, 1931, and that death occurred, on the date stated above, at 10 00 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas E. Bell, M. D.

19 (Address) 713 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 28, 1931

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3228 Schroeder St

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66073 HEALTH DEPARTMENT—CITY OF BALTIMORE 107-001 E 66073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 612 Stockton St. (Ward) 16-23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Alexander Thompson

(a) RESIDENCE NO. 612 Stockton St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby 7, 1931

7 AGE: Years —; Months —; Days 20; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carl Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastport Md

12 MAIDEN NAME OF MOTHER Iva Fountain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Churchton Md

14 Informant Carl Thompson
(Address) 612 Stockton St

15 Filed Feb 28 1931 19 ..... Registrar

W. THOMPSON JONES, M.D.

FEB 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 24, 1931, to Feby 27, 1931, that I last saw her alive on Feby 26, 1931, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Primary)
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Magruder M.D.

(Address) 601 W Lexington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Churchton, Arundel Co. Md.

DATE OF BURIAL Feb 28, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3227 Sherwood St

Spec.—9-30—A. & Co.—250 Bks.

E 66074

243668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 E 66074

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 93131 St. ..... Ward)

2 FULL NAME Rosetta Blaufmond.

(a) RESIDENCE No. 929 Bernard St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 43 Months 1 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Alexander Pinkney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19..... C. ALLAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/25/31

17 I HEREBY CERTIFY, That I attended deceased from 12-17-, 1930, to 2-25-, 1931 that I last saw her alive on 2-25-, 1931 and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac failure following a ~~two~~ period of auricular fibrillation; ~~and~~ bacterial endocarditis.

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Infected amputation stump

Hypertension (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not determined

Did an operation precede death? Yes Date of 1-13-1931

Was there an autopsy? no.

What test confirmed diagnosis? Electrocardiogram

(Signed) David L Reeves M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 2/28 1931

20 UNDERTAKER: Isaiah L Brown & Sons — ADDRESS: 108 W Montgomery St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66075

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-000 66075

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward)

2 FULL NAME Dora Grenz

(a) RESIDENCE No. 2910 Hudson St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE: Years 80 79 | Months | Days | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of
(Address) Balto. City Hosp.

15 Date: FEB 28 1931 16 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-3-29, 19..., to 2-27-31, 19... that I last saw her alive on 2-27-31, 19... and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 10 mos. ..... ds.

CONTRIBUTORY Arteriosclerosis
(Secondary)

unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Jas. Gilmore Jr. M. D.

..., 19... (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Feb 28 1931

20 UNDERTAKER: Louis Heuman | ADDRESS: 32 S. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66076

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001

E 66076

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 24-35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1460 Stevenson St. 24 WARD)

2-FULL NAME Agnes L Thompson

(a) RESIDENCE No. 1460 Stevenson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank Thompson

6 DATE OF BIRTH (month, day, and year) Feb 5 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	—	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Frank Thompson

(Address) 1460 Stevenson St

15 FEB 28 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931, to Feb 25, 1931,

that I last saw her alive on Feb 25, 1931,

and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Hypertension, Arterio Sclerosis
Angina Pectoris

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Sphy.

(Signed) Thos A Slemons, M. D.

19 (Address) 2878 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Feb 27 1931
UNDERTAKER Chas L Stearns	ADDRESS 5 E Fort Ave

TION is very important. See instructions on back of certificate.

H Spec.—1-30—M. & T.—250 Bks.

E 66077

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 66077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 537 W. Lanvale

CITY OF BALTIMORE: (No. in my house ST. 1724 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Thorell

(a) RESIDENCE No. 537 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) not known definitely

7 AGE: 64 Years Months Days If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Brenden, John Bros
(Address) 537 W. Lanvale St.

15 Filed ..... 19 ..... Registrar

FEB 28 1931 THOMPSON JAMES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to Feb. 27, 1931, that I last saw h.. alive on Feb. 26, 1931, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

about 2½ weeks
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) S. Thorwell M. D.

Feb 27 1931 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 2-28 1931

20 UNDERTAKER: Daniel Earlom

ADDRESS: 916 Pac

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

245441
27-3478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

55-004
66078

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No ..... ST. 7-9 WARD)

2 FULL NAME Morris Debower

(a) RESIDENCE No. 17 W. 87th ST. ..... WARD .....
(Usual place of abode) New York City - N.Y. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/15/97

7 AGE: Years 33 24; Months 8; Days 27; If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) ob
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ethel Pushkoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Fecondo
(Address) JOHNS HOPKINS HOSPITAL

15 FEB 23 1931 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21/31

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1931, to 2-27, 1931, that I last saw him alive on 2-27, 1931, and that death occurred, on the date stated above, at 1460 m. The CAUSE OF DEATH* was as follows:

Brain Tumor
Ex. malignant
(duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-27-31 Cerebellar exploration

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray

(Signed) Ch Briggs M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York, N.Y.

DATE OF BURIAL: 3-1- 1931

20 UNDERTAKER: Jack Levin, 1439 E.

ADDRESS: Balto St.

CAUSE OF DEATH MUST BE WRITTEN ON BACK OF CERTIFICATE. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66079

137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 Cleveland St., 6 WARD)

2-FULL NAME Fred Davis

(a) RESIDENCE NO. 1931 Jefferson St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 30-1865

7 AGE: Years 65 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Chas. A. Davids

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Alvina —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Chas. A. Davids

(Address): 1931 E. Jefferson St

15 Filed ..... 19..... C. MILTON JONES, M. D. Registrar

8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-31

17 I HEREBY CERTIFY, That I attended deceased from 2-23-31, 19..... to 2-23-31, 19.....,

that I last saw him alive on 2-23-31, 19.....,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/23/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M. H. Friedman M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk

DATE OF BURIAL: Mar 1, 31

20 UNDERTAKER: Philip Hering

ADDRESS: 2046 Orleans st

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

66080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66080

95-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Lombard & Greene ST. 7-13 WARD)

2-FULL NAME Anton Mares (Mares)

(a) RESIDENCE NO. 1918 E. Fager St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Josephine Mares

6 DATE OF BIRTH (month, day, and year) Nov 12/65

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Anton Mares

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Josephine Mares
(Address) 1918 E Fager St

15 Filed FEB 28 1931 19 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1931, to Feb. 27, 1931, that I last saw him alive on Feb. 27, 1931, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular Disease
Myocardial Degeneration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) George Yeager, M. D.

, 19 (Address) University Hospital Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill

DATE OF BURIAL 3/2 1931

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St.

TION is very important. See instructions on back of certificate.

Spec.—1-17-23—M&T—500 Bks.

E 66081

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 66081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 212 N. Belnord Ave

CITY OF BALTIMORE: (No. 6-10 ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Frank Schmidt

(a) RESIDENCE NO. 212 N. Belnord Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19-23

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward G. Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Czecho-Slovakia

12 MAIDEN NAME OF MOTHER Marie M. Hacker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Czecho-Slovakia

14 Informant mother
(Address) 212 N. Belnord Ave

15 Filed 19 Registrar

FEB 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1931, to Feb. 26, 1931, that I last saw him alive on Feb. 26, 1931 and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) L. C. Sohrad M. D.

Feb. 19 31 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill

DATE OF BURIAL Feb 28 1931

20 UNDERTAKER Frank Crook & Son

ADDRESS 1100 Orleans

CAUSE OF DEATH in plain terms, so that it may be used for statistical purposes.
See instructions on back of certificates.
TION is very important

1-30—M. & T.—100 B—50L

E 66082

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 66082

CERTIFICATE OF DEATH

27-41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rita Conrad

(a) RESIDENCE No 4823 Belair Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5/1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
	2	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Edward Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., M.

12 MAIDEN NAME OF MOTHER Cecelia Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Edward Conrad
(Address) 4823 Belair Rd

Filed 2 8 1931 19 HENRY [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Prob. lobar)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], Coroner, M. D.

Feb 28 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 2-28 1931

20 UNDERTAKER Frank Crack Son 1906 Eutaw St — ADDRESS

CAUSE OF DEATH in plain terms, so that any person may understand it. See instructions on back of certificate. TION is very important

Spec.—9-30—A. & Co.—250 Bls.

E 66080

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-00 E 66083

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH German Aged Home

CITY OF BALTIMORE (No. Baltimore & Payson Sts. St. 90-27 WARD)

2 FULL NAME Wilhelmina Walkling

(a) RESIDENCE NO. Baltimore & Payson Sts. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Walkling

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1847

7 AGE: Years 83 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Heinrich Grostick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Bassick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records of German Aged Home
(Address) Baltimore & Payson Sts.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1931 to Feb. 27, 1931 that I last saw him alive on Feb. 27, 1931 and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) A. Delle Hemming M. D.

2/27 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster, Md.

DATE OF BURIAL: Mar 1 1931

20 UNDERTAKER: Joseph Cook

ADDRESS: 1003 West Baltimore St.

CAUSE OF DEATH in plain language on back of certificates. TION is very important. See instructions on

FEB 28 1931

Spec.—9-30—A. & Co.—250 Bks.

E 66084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66084

CERTIFICATE OF DEATH

93-001

19-28

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 1815 W. Baltimore St. WARD

2 FULL NAME William H. Stahl

(a) RESIDENCE NO. 1815 W. Baltimore St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Ellen Snider Stahl

6 DATE OF BIRTH (month, day, and year) January 17, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pullman Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer Pullman Company

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Stahl

11 BIRTHPLACE OF FATHER (city or town) Hanover
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Emma Mallory

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. M. Ellen Snider Stahl
(Address) 1815 W. Baltimore St. M. M.

15 Date 19 Registrar

B 28 1931

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1931

17

I HEREBY CERTIFY That I attended deceased from Feb. 23, 1931, to Feb. 26, 1931, that I last saw him alive on Feb. 26, 1931, and that death occurred, on the date stated above, at 10.45 P. m. The CAUSE OF DEATH* was as follows:

Acute hypostatic pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cirrhosis of liver, failure

(Duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? non

(Signed) J. Hayes Leach M. D.

2/27, 1931 (Address) 11 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

UNDERTAKER Joseph H. Cook

DATE OF BURIAL Mar. 2 1931

ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66085

CERTIFICATE OF DEATH.

46

REGISTERED No. E 66085
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1844 W. Baltimore St. St. 20-27 WARD)

2. FULL NAME Samuel J. McCurdy

(a) RESIDENCE No. 1844 W. Baltimore St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Beryl Louella McCurdy

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer 063
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore News & American

9. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10. NAME OF FATHER John H. McCurdy
11. BIRTHPLACE OF FATHER (city or town) Howard County
(State or country) Maryland
12. MAIDEN NAME OF MOTHER Ruth Winteside
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14. Informant Miss Ruth S. McCurdy
(Address) 1844 W. Baltimore St., Balto., Md.

15. Filed 3/2, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 27, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1929, to Feb. 27, 1931 that I last saw him alive on Feb. 27, 1931 and that death occurred, on the date stated above, at 8.10 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma
Cancer esophagus

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Anemia
(duration) X yrs. 6 mos. X ds.

18. Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? yes Date of Feb. 1929

Was there an autopsy? no.

What test confirmed diagnosis? Trays Blood Counts

(Signed) [illegible] M. D.

3/27, 1931 (Address) 11 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Mar. 2 1931

20. UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH in plain terms on back of certificates. See instructions on back of certificates.
TION is very important.

MAR 2 1931

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66086

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Groveland Ave ST., 15-63 WARD) 131

REGISTERED NO. E 66086

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma F. Welch

(a) RESIDENCE No. 4101 Groveland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22/1860

7 AGE: Years 70 Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Schoolteacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Solomon Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Temperance King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Campion H. Rush
(Address) 4101 Groveland Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 27/31

17 I HEREBY CERTIFY, That I attended deceased from April 27th, 1930 to Feb. 27th, 1931, that I last saw her alive on Feb. 27th, 1931, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:
Cledema of Lungs & Cardiac Failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation & Nephritis
(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Boulton, M. D.
2/27/1931 (Address) 3909 Samson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar 2 1931

20 UNDERTAKER: Harry Ehrmann & Son

ADDRESS: Ridgewood Ave

THIS is very important. See instructions on back of certificate.

FEB 28 1931

C. HAMILTON JONES, M.D.

Spec.—1-30—M. & T.—250 Bks.

E 66087 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66087

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hosp ST. 1354 WARD)

2-FULL NAME Jacob Garfine Joseph A. Garfine

(a) RESIDENCE NO. 2339 Linden Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Florette H. Garfine

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employee of

(b) General nature of industry, business, or establishment in which employed (or employer) American Ad Co

(c) Name of employer Balt. Baltimore filling station

9 BIRTHPLACE (city or town) (State or country) New York N. Y.

PARENTS

10 NAME OF FATHER Sam'l D. Garfine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Augusta Gorenesky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs J. A. Garfine
(Address) 2339 Linden Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb 27, 1931, that I last saw him alive on Feb 27, 1931, and that death occurred, on the date stated above, at 6^05 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Heart Disease with Myocardial failure

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Uremia

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Archibald Robert Colme M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem.

DATE OF BURIAL 3/1/ 1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1903 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66088

CERTIFICATE OF DEATH.

94-002

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5708 Pimlico Road 27-55 WARD)

2-FULL NAME Albert Ross

(a) RESIDENCE No. 5708 Pimlico Road WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mildred C. Ross

6 DATE OF BIRTH (month, day, and year) Feb. 7 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Henry Rosenheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Carrie Guggenheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. A. Ross
(Address) 5708 Pimlico Rd.

15 Filed MAR 28 1931, 19.. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1931, to Feb. 27, 1931, that I last saw him alive on Feb. 27, 1931, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Sonil Wolman, M. D.

Feb. 27 1931 (Address) 2444 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chev Shalom Cem.

DATE OF BURIAL 3/1/1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place

See instructions on back of certificate. IMPORTANT is very important

1-30—M. & T.—100 B—50L

E 66089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

E 66089

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 6-4 WARD)

2-FULL NAME Milton Johnson

(a) RESIDENCE No 417 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	25	9	*****	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Emma Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Edna Locke
(Address) 1302 Jefferson St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Gangrene of Intestine- Lt. strangulated hernia.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of Feb 26/31

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Carter, M. D. Coroner

Feb. 28/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL March 1 1931

20 UNDERTAKER Hurst G. Locke

ADDRESS 1302 Jefferson

TION is very important. See instructions on back of certificate.

FEB 28 1931 HAMPSON JONES M.

Spec.—9-30—A. & Co.—250 Bks.

E 66090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66090

CERTIFICATE OF DEATH

48

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~

CITY OF BALTIMORE (No. 415 N. Ann ..... 6-4 WARD)

2 FULL NAME Mary Catherine Thomas

(a) RESIDENCE No. 415 N. Ann ..... ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Thomas

6 DATE OF BIRTH (month, day, and year) unknown 1883

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Adley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant ~~JOHNS HOPKINS HOSPITAL~~ (Address) ..... M. D.

15 Filed FEB 28 1931 C. HUMPER JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1930, to Feb. 26, 1931 that I last saw her alive on Feb 24, 1931 and that death occurred, on the date stated above, at 6 48 A m.

The CAUSE OF DEATH* was as follows:

Uremia, resulting from Carcinoma of the Cervix uteri with extension to Bladder & Vesico vaginal fistula (duration) 0 yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Cervix uteri (duration) 1 yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Biopsy of Cervix uteri

(Signed) H. S. Everett M. D.

2/26. 1931 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cem.

DATE OF BURIAL March 1 1931

20 UNDERTAKER Mrs G. G. Locke

ADDRESS 1302 Jefferson

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

245815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66091

E 66091

CERTIFICATE OF DEATH.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 1-13 130

2. FULL NAME Calvert Campbell

(a) RESIDENCE NO. 827 N. Caroline ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd Jobs. 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Arthur Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Phyllis Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) Johns Hopkins Hospital

15 Filed ....., 19 .....

E. LIBERTY C. HARRIS JONES, M. D.
HEALTH COMMISSIONER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 - 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931, to Feb 26, 1931 that I last saw him alive on Feb 26, 1931 and that death occurred, on the date stated above, at 6 50 p m.

The CAUSE OF DEATH* was as follows:
Acute diffuse nephritis with uraemia

(duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (Secondary) upper respiratory infection

(duration) ..... yrs. ..... mos. 26 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) John D. Evarington M. D.

2-2-1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackstone Va

DATE OF BURIAL 2-28th 1901

20 UNDERTAKER Robt. Edw. Williams

ADDRESS 1515 McCulloh St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66092

HEALTH DEPARTMENT—CITY OF BALTIMORE

94002 E 66092

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 522 Rose Hill Terrace St. 47 Ward)

2-FULL NAME Anabel T. Hall

(a) RESIDENCE NO. 522 Rose Hill Terrace St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8-1853

7 AGE: Years 77 | Months 7 | Days 18 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER James Hall

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza A. Taylor

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Harry C. Hall
(Address) 522 Rose Hill Terrace

15 Filed ..... 19.. H. HUPFER JONES, M. D. Registrar

FEB 28 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26-1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Coronary Thrombus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) T. J. Waters, M. D.

Feb 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Taylor's Cem. Hillen Road — DATE OF BURIAL: March 1 1931

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 1221 Falls Road

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 66093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66093

94-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 109 N. Fulton Ave ST. 14-27 WARD)

2—FULL NAME Lida E. Bamber

(a) RESIDENCE NO. 109 N. Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Bamber

6 DATE OF BIRTH (month, day, and year) June 15-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Boston Mass.

PARENTS

10 NAME OF FATHER Jacob H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant James H. Bamber
(Address) 109 N. Fulton Ave

15 Filed ..... C. HARRISON JONES, M. D. Registrar
Feb 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28-1931.

17 I HEREBY CERTIFY, That I attended deceased from Feby 25, 1931, to Feby 28, 1931, that I last saw h... alive on Feby 27, 1931 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Heart Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. O'Neill M. D.

2/28. 1931 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL March 3 1931

20 UNDERTAKER Horace H. Burgee — ADDRESS 363 Falls Road

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 003

E 66094

E 66094

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Eastern ave ST. 3-4 WARD)

2-FULL NAME Elizabeth Evans

(a) RESIDENCE No. 1426 Eastern ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Evans

6 DATE OF BIRTH (month, day, and year) Dec 26, 75

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Coleman
(Address) 1426 Eastern Ave

15 Filed ..... 19 ..... HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to Feb 21, 1931, that I last saw h. alive on Feb 21, 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Hilton J. Deander, M. D.

, 19 (Address) 3038 Abbottmeade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem — DATE OF BURIAL Feb. 19 31

20 UNDERTAKER Mendel & Cope — ADDRESS 1100 Eutaw

M&T—500 Bks.

66095

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 66095

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 20 E. Churchill St. 22-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Portlow

(a) RESIDENCE NO. 20 E. Churchill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Husband of Martha Portlow

6 DATE OF BIRTH (month, day, and year): 1896—

7 AGE: Years 35 | Months ✓ | Days ✓ | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Clover. S. C.

PARENTS

10 NAME OF FATHER: Milas Portlow

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Emma Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Wm Portlow

(Address): Mansfield Md

15 Filed R 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 23rd, 1931 to Feby 26th, 1931, that I last saw him alive on Feby 26th, 1931, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows: Organic Heart Disease (Mitral)

(duration) Can't say — yrs. mos. ds.

CONTRIBUTORY (Secondary): Anasarca & Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) A. B. Glasscock, M. D.

, 19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion Cem.

DATE OF BURIAL: Mar 1 1931

20 UNDERTAKER: R. L. Parham

ADDRESS: Annapolis Md

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

245-5-70

66096

HEALTH DEPARTMENT—CITY OF BALTIMORE

66096

CERTIFICATE OF DEATH

X 93-004

JOHNS HOPKINS HOSPITAL
FEB 28 1931

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-9 St. Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jm. Asa Harris

(a) RESIDENCE No. 504 Virginia Ave. St. Curmore Land - Md -
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in City or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug - 11 - 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
87	36	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va - Va -

PARENTS

10 NAME OF FATHER Samuell Harris

11 BIRTHPLACE OF FATHER (city or town) Va. Va. -
(State or country) Va Va

12 MAIDEN NAME OF MOTHER Augusta Bibey

13 BIRTHPLACE OF MOTHER (city or town) Va. Va. -
(State or country)

14 Informant Records -
(Address)

15 FEB 1 1931 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 - 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1931 to Feb 28 1931 that I last saw h~~im~~ alive on Feb 28 1931 and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:
Myocardial insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) X yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) John W. Parsons M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosemont W Va

DATE OF BURIAL 3/2/31 19

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 66097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66097

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH Home for Incurables -

CITY OF BALTIMORE: (No. 4th Kennick Rd. ST. 14-30 WARD)

2—FULL NAME Rebecca J. Dorsey

(a) RESIDENCE NO. 224 W. Lafayette Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~life~~ mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evan L. Dorsey

6 DATE OF BIRTH (month, day, and year) Mar. 4 - 1847

7 AGE: Years 83 | Months 11 | Days 23 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

PARENTS

10 NAME OF FATHER George H. Quiley

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Carver

13 BIRTHPLACE OF MOTHER (city or town) Havre de Grace (State or country) Maryland

14 Informant Hospital Records.

(Address)

15 Filed ..... 1931 G. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 27, 1931

17 I HEREBY CERTIFY That I attended deceased from Oct 30, 1930 to Feby 27, 1931

that I last saw her alive on Feby 26, 1931

and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) ..... yrs. ..... mos. 1/2 dy

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Physical Exam

What test confirmed diagnosis? —

(Signed) W W B Mayo, M. D.

2/27 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace. Md.

DATE OF BURIAL Mar 2 1931

20 UNDERTAKER Wm Fickenscher & Sons

ADDRESS Md. Pa

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66093 E 66093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Hopkins Hospital~~ ST., 7-9 WARD)

2-FULL NAME Elizabeth M Roberts

(a) RESIDENCE NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Roberts

6 DATE OF BIRTH (month, day, and year) Nov 17/1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benj. Chapman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Henry H. Roberts
(Address) Fork, Md.

15 1 - 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pregnancy 8 mons gestation

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [signature], M. D. Coroner

3/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork M. E. Cemetery — DATE OF BURIAL Mch 3 1931

20 UNDERTAKER Clarence E. Arthur — ADDRESS Fork Md.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66099 E 66099

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 11-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sanders

(a) RESIDENCE No 343 Gamel St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE: Years 42 | Months — | Days — | LESS than 1 day, hrs. min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Geo Diggs

(Address) 342 Gamel St

15 Filed 1931 192 C. HARRISON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 343 Gamel St

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Hy History

(Signed) G C Cades, M. D. Coroner

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-2 1931

20 UNDERTAKER Dennis Easton

ADDRESS 916 Pa ave

CAUSE OF DEATH should be in plain terms, so that it may be understood by the public. See instructions on back of certificates.

TION is very important

Spec.—1-30—M. & T.—250 Bks.

E 66100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66100

125 E 002

CERTIFICATE OF DEATH.

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., ward) 4-26

2-FULL NAME James E. Burke

(a) RESIDENCE NO. 205 Myrtle Ave. Baltimore, Md. St., WARD _____ (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elinore Wheeler Burke

6 DATE OF BIRTH (month, day, and year) January 10, 1888

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	43	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country) Fairfax Co.

PARENTS

10 NAME OF FATHER Henry Burke

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Hobson

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Elinore Burke
(Address) 205 Myrtle ave.

15 Filed 1-1-1931, 19 O. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 19 31, to Feb. 28, 19 31, that I last saw him alive on February 28, 19 31, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease
Chronic passive congestion liver and lungs
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pericarditis, purulent
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Aspiration of pericardium Date of 2/27/31

Was there an autopsy?

What test confirmed diagnosis? Clinical & lab. tests

(Signed) Gordon A. Abbott, M. D.

, 19 (Address) U.S. Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL National Cemetery

20 UNDERTAKER Dennis Carlon

DATE OF BURIAL 3-1- 19 31

ADDRESS 916 Pa ave.

...TION is very important. See instructions on back

Spec.—1-30—M. & T.—250 Bks.

66101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH union memorial Hospital 33rd + Calvert ST. 11-24 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. .....

2-FULL NAME Mrs Ella Tregellas

(a) RESIDENCE NO. Latrobe Apts ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 2. 1869

7 AGE 61 Years 62 Months 3 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick, Md

PARENTS

10 NAME OF FATHER Joseph Tragellas

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant S. Staley Tregellas
(Address) 13 Elmwood Rd

15 Filed ..... 1931, 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26th, 1931, to Feb 28th, 1931, that I last saw her alive on Feb. 28th, 1931, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (rt lung)

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) None (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Richard France, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 3/2/ 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—1-12-29—M&T—500 Blks.

E 66102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66102

CERTIFICATE OF DEATH.

46

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital ST. 10-14 WARD)

2-FULL NAME William Seibert

(a) RESIDENCE No. 1225 Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Marion E. Seibert

6 DATE OF BIRTH (month, day, and year) March 26th 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
44	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Finisher off

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe

(c) Name of employer Marian Shoe Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Seibert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Marion Seibert

(Address) 1319 Wilcox St

15 Filed 1931 .19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 27, 1931 that I last saw him alive on Feb 27, 1931 and that death occurred, on the date stated above, at 7.20 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) A. F. Conrey M. D.

2-27-1931 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 3/2/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that a layman can understand. See instructions on back of certificates. TION is very important

Spec.—9-30—A. & Co.—250 Bks.

L 66103 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 66103

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-29 ST. (WARD)

2. FULL NAME Harry Jones

(a) RESIDENCE NO. 1332 Hollins ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) April 3, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator man

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Molly Foxwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from 9-15-30, 19..., to 2-27-31, 19...

that I last saw him alive on 2-27-31, 19...

and that death occurred, on the date stated above, at 7:50 P m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. UNKNOWN mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgal M. D.

2-28 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 3/3 19 31

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66104

CERTIFICATE OF DEATH

186 .001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E. North Ave ST., 8-17 WARD)

2-FULL NAME Alma Hofer

(a) RESIDENCE No 2012 E. North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Hofer

6 DATE OF BIRTH (month, day, and year) Dec 20/1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adolph Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schlogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ella Klimath
(Address) 2012 E. North Ave

15 Filed 1 - 1931 16 C. HAMPSON JONES, M. D., Registrar
By ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chr. Myocarditis & Nephritis
General Arteriosclerosis
(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Accidently fell in home & fractured neck of left femur 2/16/31
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cast at St. Joseph

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? x ray

(Signed) J. S. Mills, M. D. Coroner

2/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Mar 2 1931

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66105

CERTIFICATE OF DEATH

6-10 164-001 E 66105

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 123 N. Glover ST. 6-10 WARD)

2-FULL NAME MINNIE MARTENS

(a) RESIDENCE NO 123 N. Glover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Martens

6 DATE OF BIRTH (month, day, and year) Feb. 13. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	0	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Leo Abel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ann Abel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. Ernest Martens (Husband)
(Address) 123 N. Glover St.

15 Filed 1-, 1931 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Asphixiation
Suicide-Gas range oven & burners and unlighted.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

2/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Mar. 2 1931

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

CAUSE OF DEATH: See page ..... See instructions on back of certificates.
TION is very important

1-30—M & T—100 B—50L

Spec.—1-30—M. & T.—250 Bks.

E 66106 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66106

8

CERTIFICATE OF DEATH.

REGISTERED NO. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. WARD)

2-FULL NAME John Wick m. Female

(a) RESIDENCE No. 2212 Hamburg St ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 26, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	5	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Wick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliz Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. John Wick

(Address) 2212 Hamburg St

15 Filed 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 27, 1931, that I last saw him alive on Feb 27, 1931, and that death occurred, on the date stated above, at 1 45 a m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Refusal

What test confirmed diagnosis? Clinical

(Signed) Thomas G. Lee M. D.

2/27 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL 3/2 1931

20 UNDERTAKER Chas B. Kuchmaschas

ADDRESS 637 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

E 66107 E 66107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

8-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 E Biddle St. WARD)

2-FULL NAME Mrs Laura J Holbrunner

(a) RESIDENCE No. 1603 E Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elvin P. Holbrunner

6 DATE OF BIRTH (month, day, and year): July 8-1867

7 AGE: Years 63 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Francis Waltz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth — 3

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elvin P. Holbrunner
(Address) 1623 E Biddle St.

15 1-1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1930, to March 1, 1931, that I last saw her alive on Feb. 28, 1931, and that death occurred, on the date stated above, at 6 15 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) over 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. E. Rees, M. D.

3-1, 1931 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope Cem. Woodstock Md.

DATE OF BURIAL: 3/4 1931

20 UNDERTAKER: Powell & Albaugh

ADDRESS: Woodstock Md.

CAUSE OF DEATH should be given on back of certificate. See instructions on back of certificate. This is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

B 66108

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 66108

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2325 Aiken St., 9-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... BRIDGET KANE

(a) Residence No. 2325 AIKEN St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Widow

5a-If married, widowed, or divorced, HUSBAND or WIFE of Bartholmew Kane

6-DATE OF BIRTH (month, day and year) April 1862

7-AGE. 68 y. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) H

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Ireland

PARENTS

10-NAME OF FATHER, Edward Hughes

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Bridget Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant) Mrs Margret Perkinson
(Address) 2325 A. ken St.

15- (Filed) MAR 2 - 1931 G. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 27/31

17- I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930, to Feby 27, 1931, That I last saw her alive on Feby 24, 1931, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ascending Colon + Myocardiac

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insufficiency

(Duration) 1 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual ones

(Signed) F. J. Kirby M. D.

2/28, 1931 (Address) 1108 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae

DATE OF BURIAL 3/2, 1931

20-UNDERTAKER J. A. Moran

ADDRESS 3000 E. Balto. St.

instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66109

CERTIFICATE OF DEATH

E 66109

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4706 Harford ave. ST. 27-44 WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Monterey Smith

(a) RESIDENCE No. 4706 Harford ave. ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Smith

6 DATE OF BIRTH (month, day, and year): April 17, 1847

7 AGE: Years 83 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 5 yrs.

(b) General nature of industry, business, or establishment in which employed (or employer): Plasterer

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: Eckhardt Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant: Mrs. E. L. Dennis (Address) 4706 Harford ave.

15 Filed: MAR 2 - 1931 C. H. JUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to Feb. 28, 1931, that I last saw him alive on Feb. 28, 1931, and that death occurred, on the date stated above, at 7 A. m. The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Norman G. Vogt, M. D.

19 (Address) 5106 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olive Cemetery, Rockdale, Balto. Co. DATE OF BURIAL: March 2, 1931

20 UNDERTAKER: Wm. John H. Tuckey & Son ADDRESS 831 W. Lafayette St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 66110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66110

CERTIFICATE OF DEATH.

13

18-26

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 856 W. Baltimore St. (WARD) 18

2. FULL NAME D. Ardin Carrick

(a) RESIDENCE NO. 856 W. Baltimore ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor L. Carrick

6 DATE OF BIRTH (month, day, and year): June 9. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Comptrollers Office

(c) Name of employer: Annapolis Md.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Andrew F. Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Clara L. Ardin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: George W. Carrick
(Address) 856 W. Baltimore St.

15 Filed ..... 19 ..... JAMES J. JONES, M. D. Registrar

R 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Feb 28, 1931, that I last saw him alive on Feb 28, 1931, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Dropsy, Cardiac Failure

(duration) yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald Dawes M. D.

, 19 (Address) Lyons & Walsh Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: Mar 3. 1931.

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son — ADDRESS: 501 W. Fayette St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66111

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 66111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 612 Warner ST., 27-30 WARD)

2-FULL NAME Richard Sherwood

(a) RESIDENCE NO. 612 Warner ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 84 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year): Nov 1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84 yrs.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not Known

14 Informant: Harry Sherwood
(Address) 612 Warner St.

15 Filed ..... 19..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1931, to Feb. 28th, 1931, that I last saw him alive on Feb. 26th, 1931, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:
Cardiac failure & senility
(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary): Chronic myocarditis
(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. Boulton, M. D.

2/28/31 (Address) 3909 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	March 2 1931

20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S. Paca St.

Spec.—1-30—M. & T.—250 Bks.

E 66112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66112

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ. of Hosp. ST. 30 WARD)

2-FULL NAME Hum Eblin

(a) RESIDENCE NO. Annapolis ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Augusta Eblin

6 DATE OF BIRTH (month, day, and year) Mar-6-1857

7 AGE: Years 75 | Months 11 | Days 20 | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Augusta W. Eblin
(Address) R.F.D. Annapolis Md.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D., Registrar

2-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-1931

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1931, to 3-1, 1931, that I last saw him alive on 3-1, 1931, and that death occurred, on the date stated above, at 10.15 p.m.

The CAUSE OF DEATH* was as follows:

Heart Block
Myocardial degeneration
Chronic nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary congestion

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. M. Hoover, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md

DATE OF BURIAL: Mar 2 1931

20 UNDERTAKER: Jas. T. Taylor Sons

ADDRESS: Annapolis Md

Spec.—1-12-23—M&T—500 Bks.

E 66113

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 66113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST. WARD)

2-FULL NAME Mrs Louisa Burns

(a) RESIDENCE NO. 2138 Wilkins Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse A. Burns

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1902

7 AGE: Years 28 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John H. [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Kreb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jesse A. Burns

(Address) 2138 Wilkins Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 1931, to Feb 27, 1931, that I last saw her alive on Feb 27, 1931, and that death occurred, on the date stated above, at 9:10 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease
c associated endocarditis
myocarditis pericarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) H. Cohman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 3/2 1931.

20 UNDERTAKER Harry A. Wittke

ADDRESS 401 Edmondson Ave

TION is very important. See instructions on back of certificate.

R 2 [illegible] JOHNS, [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 66114

HEALTH DEPARTMENT—CITY OF BALTIMORE

106 v 001

E 66114

CERTIFICATE OF DEATH

REGISTERED NO. 8-13

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1602 E. Biddle ST. WARD)

2—FULL NAME Lawrence Herluf Christensen

(a) RESIDENCE NO. 1602 E. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	8 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of indostry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Herluf Sigurd Christensen

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Minnesota

12 MAIDEN NAME OF MOTHER Elizabeth Hooper Matthews

13 BIRTHPLACE OF MOTHER (city or town) Balto.,
(State or country) Md.

14 Informant Mother - Elizabeth Christensen
(Address) 1602 E. Biddle St.

15 Filed ....19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Mar. 1, 1931, that I last saw h~~im~~ alive on Feb. 28, 1931 and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute bronchitis
(duration) ....yrs. ....mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo. B. Seybert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Mar. 2 1931

20 UNDERTAKER Rula Friedfeld

ADDRESS 914 Greenmount Ave

9 - 1931

Spec.—130—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66115

E 66115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Balto Md. ST. 14-20 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josiah James Snead

(a) RESIDENCE No. 509 Wilson ST. ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Georgie Snead

6 DATE OF BIRTH (month, day, and year) .....

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) Balto City Hospital

15 Filed MAR 2 - 1931 19 H. J. WEAVER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26/31

17 I HEREBY CERTIFY, That I attended deceased from 6-17 1929, to 2-26, 1931, that I last saw him alive on 2-26, 1931, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dementia Paralytica

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Clinical & Serological

What test confirmed diagnosis? Pathological

(Signed) [illegible] M. D.

Mar. 6, 1931 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar. 2 1931

20 UNDERTAKER Archibald A. Gaddis

ADDRESS 1840 Mt. Clewellon St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66116.

CERTIFICATE OF DEATH.

E 66116

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 W 36th St. ST. 13-54-07-001 WARD)

2-FULL NAME Le Roy Vernon Kelley

(a) RESIDENCE No. 1505 W 36th St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 3 1931

7 AGE: Years ..... Months 1 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md

PARENTS
10 NAME OF FATHER: Frederick Kelley
11 BIRTHPLACE OF FATHER (city or town) (State or country): md
12 MAIDEN NAME OF MOTHER: Dora Pauly
13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Dora Kelley
(Address) 1505 W 36th St

15 Filed MAR 2 - 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931, to Mar 1, 1931 that I last saw him alive on Feb 28, 19 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not Know
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Routine
(Signed) Ellwood Lipper M. D.
Mar. 19 31 (Address) 855 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mary Hampden — DATE OF BURIAL: Mar 2 19 31

20 UNDERTAKER: Chenowdholon — ADDRESS: W Lexington

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66117

CERTIFICATE OF DEATH.

131 E 66117.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 W 34th St. ST. 13-52 WARD)

2. FULL NAME Harriet M. Hanson.

(a) RESIDENCE No. 606 W 34th St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Hanson

6 DATE OF BIRTH (month, day, and year) May 31 1857

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. R. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George E. Hanson
(Address) 606 W 34th St

15 Filed ..... 19 ..... Registrar

R 2 - 1931 HARRY JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931 to Feb 28, 1931 that I last saw her alive on Feb 27, 1931 and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows: Cardiovascular Renal Disease.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) [illegible] M. D.

Mar 1931 (Address) 853 N 36th

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 3 1931

20 UNDERTAKER: Chenowith & Loon — ADDRESS: 3615 Saint Ave

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 66118

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 560 Gold St., 15-21 Ward)

2-FULL NAME Mary Bruce Moore

(a) RESIDENCE NO. 560 Gold St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: Cor

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul Moore

6 DATE OF BIRTH (month, day, and year): Jan 3 - 1911

7 AGE: Years 20 Months 1 Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town): Va.
(State or country)

PARENTS

10 NAME OF FATHER: Arthur Boswell

11 BIRTHPLACE OF FATHER (city or town): Va.
(State or country)

12 MAIDEN NAME OF MOTHER: Ruth White

13 BIRTHPLACE OF MOTHER (city or town): Va.
(State or country)

14 Informant: Arthur Boswell
(Address): 560 Gold

Filed ..... 19..... Registrar

R 2-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Joseph Carroll M. D.

Feb. 28 19 31 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 3/1 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66119

CERTIFICATE OF DEATH.

154

E 66119

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Glenwood Ave ~~ST.~~ 27-48 WARD)

2-FULL NAME Henry A. Forewood

(a) RESIDENCE No. 710 Glenwood Ave. ~~ST.~~, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1931

7 AGE Years Months Days If LESS than 1 day, hrs. 7:30 a.m.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Ct~~ Balto. Md.

PARENTS

10 NAME OF FATHER Charles L. Forwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Ethel A. Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. Charles L. Forwood (Address) 710 Glenwood Ave.

15 Filed MAR 2 - 1931 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1 - 1931, to Mar. 1 - 1931, that I last saw him alive on Mar 1 - 1931, and that death occurred, on the date stated above, at 1 45 P m.

The CAUSE OF DEATH* was as follows: Premature Birth.

7½ hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) H C Hoes, M. D.

3-1, 1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy. DATE OF BURIAL: March 3, 1931

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS: 1910 Eutaw St.

CAUSE OF DEATH on page 2 hereof, or back of certificates.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 66120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87 E 66120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 122 S. Calhoun ST. (1428 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Ellen Dell

(a) RESIDENCE No. 122 S Calhoun ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Dell

6 DATE OF BIRTH (month, day, and year) April 6, 1872

7 AGE Years 58 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patk Fitzgibbons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wm Dell

(Address) 122 S Calhoun St

CAUSE OF DEATH is very important. See instructions on back of certificates.

MAR 2 - 1931 19 G. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 13, 1931, to Feby 28, 1931, that I last saw he alive on Feby 27, 1931, and that death occurred, on the date stated above, at 7 Am m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteio Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A. O'Neill M. D.

Feb 28 1931 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL March 3rd 1931

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66121

CERTIFICATE OF DEATH.

82-0 E 66121

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD) 17-26

2. FULL NAME Sarah Washington

(a) RESIDENCE No. 607 George St. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Washington

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: 48 ? Months: ..... Days: ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 24

(c) Name of employer: .....

9 BIRTHPLACE (city or town): Prince George Co. (State or country): Md.

PARENTS

10 NAME OF FATHER: John Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Olevia Calvert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of (Address): Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from 1-27-30, 19..., to 2-27-31, 19... that I last saw her alive on ..., 19... and that death occurred, on the date stated above, at 7:01 P.m.

The CAUSE OF DEATH* was as follows:

Thrombosis, cerebral

(duration) yrs. 13 mos. ..... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. home 2. hospital

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgot, M. D.

(Address) Balto. City Hosp. 2-28 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Mar 3 1931

20 UNDERTAKER: Virginia A. Brooks

ADDRESS: 1463 N. Carey

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 66122

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 519 Pierce ST. 17-25 WARD

2-FULL NAME Julius Brooks

(a) RESIDENCE NO 519 Pierce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Brooks

6 DATE OF BIRTH (month, day, and year) March-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Richard Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Ida Holmes
(Address) 5620 Meade St. Pittsburg Pa.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Virginia Zeller, M. D. Coroner

2/28. 1931 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Mar 2 1931

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Paca

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 66123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66123

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No ..... ST. 811 WARD)

2. FULL NAME Sarah Gilson

(a) RESIDENCE NO. 1209 N. Curley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of George D. Gilson

6 DATE OF BIRTH (month, day, and year) April 30 1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Leo Roderick

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to March 1, 1931 that I last saw h.e alive on March 1, 1931 and that death occurred, on the date stated above, at 1 PM.

The CAUSE OF DEATH* was as follows: Septicemia B. Coli, Pyelonephritis Lung Abscess, Abscess right thigh, Diabetes Coma

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1209 N. Curley St

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Blood chemistry & Culture

(Signed) Walter K. Myers M. D.

3-1, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 3/4 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66124

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE, (No. 25-75 ST., WARD)

REGISTERED NO. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Fietz

(a) RESIDENCE NO. 613 Arsdale Ave ST., Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 - 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm S. Fietz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Johanna Faber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Johanna Fietz (Address) 613 Arsdale Ave

15 Filed 2 1931, 19 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 2 - 31

17 I HEREBY CERTIFY, That I attended deceased from 2-24, 1931, to 3-2, 1931, that I last saw h-e alive on 3-2-, 1931, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows: Perforated appendicitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) General Peritonitis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 2-24-31

Did an operation precede death? Yes Date of 3-1-31

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) C. W. Pope, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 3/4 1931

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Bks.

Hoffman

E 66125 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 66125

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2704 White Ave. ST. ..... WARD 25th

2. FULL NAME Lillie Hoffman

(a) RESIDENCE No. 2704 White Ave. ST. Remington WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in City or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. T. Hoffman.

6 DATE OF BIRTH (month, day, and year): Aug 8 1849

7 AGE: Years 81 Months 6 Days 20 If LESS than 1 day, ... hrs. or ..... mdn.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Mrs Catherine Hoffman
(Address): 2704 White Ave.

15 Filed FEB 2 1931, 19 C. HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to Feb 28, 1931, that I last saw ds alive on Feb 28, 1931, and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy (duration) yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy (duration) yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Solomon Long M. D.

Feb 28 1931 (Address) 5303 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Mar 3 1931

20 UNDERTAKER: Wm Cook & Son ADDRESS: Park & Pennsylvania

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks. Dr. Zimmerman Phone 3387
2858 Harford Ave

E 66126 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66126

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 608 Montpelier St. 9-46 (WARD) 15

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Geo. E. Pohler Jr

(a) RESIDENCE No. 608 Montpelier ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 28th 1931

7. AGE: Years — Months — Days 2 — If LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10. NAME OF FATHER: Geo. E. Pohler
11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12. MAIDEN NAME OF MOTHER: Frazel Schmidt
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14. Informant: Geo. E. Pohler
(Address) 608 Montpelier St

15. Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 28th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to Feb 28, 1931, that I last saw him alive on Feb 28, 1931, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth (Twin)
(Duration) yrs. mos. ds.

CONTRIBUTORY (secondary): —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? —

(Signed) Geo J Zimmerman M.D.
3/1/1931 (Address) 2858 Harford

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 3/2/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—9.36—A. & Co.—250 Blks.

Dr. W. C. Elmer 31 E. North Ave 2a 0418
22 W 29 St Louis 3257

E 66127 HEALTH DEPARTMENT—CITY OF BALTIMORE 66127.

CERTIFICATE OF DEATH. 53

REGISTERED NO. 1673

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 309 N. Carey ST. WARD

2. FULL NAME Arthur H. King

(a) RESIDENCE NO. 309 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city of town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: White 5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of Mary R. King

6. DATE OF BIRTH (month, day, and year) About 1872

7. AGE: Years About 59 Months 2. Days 2. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10. NAME OF FATHER John King

11. BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12. MAIDEN NAME OF MOTHER Sallie Hayland

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14. Informant Henry H. King Jr. (Address) 309 N. Carey St.

15. Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1929 to March 1 1931 that I last saw him alive on Feb. 25 1931 and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows: Left submaxillary Carcinoma of salivary gland & general carcinomatosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis with failure (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-7-29 3-11-30

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H B Mizeran M. D.

19. (Address) 31 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

20. UNDERTAKER William Cook

DATE OF BURIAL 3/3 1931

ADDRESS 1217 Druid

TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M.D.

D 2-1931

Spec.—9-30—A. & Co.—250 Blks.

Dr Richard 3201 St Paul st

E 66128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66128

CERTIFICATE OF DEATH

97-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5201 St Charles Ave) (WARD) 27-55

2 FULL NAME Katherine A. Insley

(a) RESIDENCE NO. 5201 St Charles Ave (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced: (or) WIFE of Wm Insley

6 DATE OF BIRTH (month, day, and year) Oct 17th 1856

7 AGE: Years 74 Months 4 Days 14 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Va

PARENTS

10 NAME OF FATHER Wm Denton

11 BIRTHPLACE OF FATHER (city or town) (state or country): England

12 MAIDEN NAME OF MOTHER Susan West

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Va

14 Informant: Mrs G. Stengel (Address) 184 Water St Port Jervis N.Y.

15 Filed 1931 19 Mar. Registrar C. HARRISON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1931

17 I HEREBY CERTIFY, that I attended deceased from May 22 to March 1, 31 that I last saw him alive on March 1, 31 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) J. L. Richard M. D.

19 (Address) 3201 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Maryland

DATE OF BURIAL: 3/3 1931

20 UNDERTAKER: Urmann Costo

ADDRESS: 121 St Paul

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66129

CERTIFICATE OF DEATH.

108 E 66129

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 E Chase ST. 8-12 WARD)

2 FULL NAME Dorothy Mary Urbanowski

(a) RESIDENCE No. 2501 E Chase ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) February 22 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James J. Urbanowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Evelyn Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: James J. Urbanowski
(Address): 2501 E Chase

15 Filed ....., 19 .....
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28-31

17
I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to Feb 28, 1931 that I last saw he alive on Feb 28, 1931 and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Root, M. D.

3/28, 1931 (Address) 413 Reservoir

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: March 3 1931

20 UNDERTAKER: George A. Weber

ADDRESS: 705 S. Ann street

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 66130

50 E 66130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 923 Poplar Grove St. 16-68 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace G. Dunlap.

(a) RESIDENCE No. 923 Poplar Grove St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married.

5a If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Horace M. Dunlap

6 DATE OF BIRTH (month, day, and year) Sept. 30 1876

7 AGE: Years 54 Months 4 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Rufus Flickinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Elvira Albaugh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Horace M. Dunlap.
(Address) 923 Poplar Grove Ave.

15 Filed MAR 2 - 1931 1931 CLAUDSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1930, to Feb 28 1931, that I last saw her alive on Feb 27 1931, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Malignant cachexia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) John E. Thurland M.D.

2/28 1931 (Address) 121 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope Cemetery. DATE OF BURIAL: Mar 3 1931

20 UNDERTAKER: C. M. Watts, Winfield, Md. ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

24-33

E 66131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the

City of Baltimore: (No. South Baltimore General Hospital St., Ward)

2-FULL NAME Howard A. Wigley.

(a) RESIDENCE NO. 419 Sanders St, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, ~~WIFE of~~ HUSBAND of ~~XXXXXXXXX~~ Emma J. Wigley.

6 DATE OF BIRTH (month, day, and year) February 22, 1886

7 AGE: Years 45 | Months 0 | Days 4 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): A. & P. Bakery.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George Wigley.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Ellen Kelley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Emma J. Wigley. (wife)
(Address) 419 Sanders St.

15 Filed ..... 19 ..... Registrar

APR 2 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carney & Race Sts.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

3/1/31 (Address) 1019 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemty — DATE OF BURIAL: March 2 1931

20 UNDERTAKER: J. Rew. McCully — ADDRESS: 130 E. Fort Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupations is very important. See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 115 001

E 66132

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

E 66132

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St. 9 Ward)

2-FULL NAME Virginia Lankey

(a) RESIDENCE NO. Edgemere Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 18 1930

7 AGE: Years _____ Months 9 Days 10 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) _____ (State or country) Edgemere Md

PARENTS

10 NAME OF FATHER Walter Lankey

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Hattie E Anderson

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Edgemere Md

14 Informant Mrs Hattie E Lankey (Address) Sparrow Point Road

15 Filed _____ 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death 3 AM on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Diffuse Peritonitis

Tracheatis & Pharyngitis

Pneumonia

(Autopsy)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) _____ (duration) ... yrs. ... mos. ... ds.

(Signed) J H Foss M. D. (Coroner)

23/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary Cem. Date of Burial Mar 2 1913

20 UNDERTAKER John F Denny ADDRESS 715 Light

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

MAR 2 - 1931

Spec.—2-29-28—L. F. S.—500 Bks.

E 66133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 E 66133

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 E. 36TH ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME HENRY G. WILDER.

(a) RESIDENCE NO. 621 E. 36TH ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET WILDER

6 DATE OF BIRTH (month, day, and year) SEP. 16, 1857

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: RETIRED. 5 YRS

(b) General nature of industry, business, or establishment in which employed (or employer): STOCK CLERK

(c) Name of employer: DRUG HOUSE

9 BIRTHPLACE (city or town) (State or country): PORTSMOUTH, VA.

PARENTS

10 NAME OF FATHER JOHN D. WILDER.

11 BIRTHPLACE OF FATHER (city or town) (State or country): SUMTER S.C.

12 MAIDEN NAME OF MOTHER REBECCA HOOPES

13 BIRTHPLACE OF MOTHER (city or town) (State or country): PORTSMOUTH VA.

14 Informant MRS. MARGARET JOY

(Address) 621 E. 36TH ST.

15 Filed MAR 2 - 1931 19 HUMPHRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 '31

17 I HEREBY CERTIFY, That I attended deceased from FEB. 22, 1931, to FEB. 28, 1931, that I last saw h/m alive on FEB 28, 1931 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

CHRONIC CHOLECYSTITIS

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) SINGULTUS (HICCOUGH)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) John R. Abercrombie, M. D.

19 (Address) 3524 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Mar 3 1931
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66134

E 66134

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1471 Olive ST. 23-31 WARD)

2-FULL NAME John F. Sadler

(a) RESIDENCE NO. 1471 Olive ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19-1883

7 AGE: Years 47 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Sadler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna A. Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Benj. McCabe
(Address) 1471 Olive St

15 Filed Mar 2 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to Mar. 1, 1931, that I last saw him alive on Feb. 28, 1931, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Influenza and acute bronchitis

(duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 1 ..... ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Harry Deitz, M. D.

, 19 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R. C. Co. DATE OF BURIAL 3/3/31

20 UNDERTAKER Margaret J. Flynn ADDRESS 1422 Light St.

O. HAMILTON JONES, M. D.

Spec.—1 30—M. & T.—250 Bks.

E 66135

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH.

E 66135

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. 26-40 WARD)

2-FULL NAME Mrs. Teresa Heffner -

(a) RESIDENCE NO. 3017 Brendon ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20 1872

7 AGE: Years 58 — Months — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Christopher Prendale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Rosemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Tilo H. Heffner Son
(Address) 3017 Brendon Ave

15 Filed MAR 2 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1931, to Mar. 1 -, 1931, that I last saw h~~e~~ alive on March 1 -, 1931, and that death occurred, on the date stated above, at 2:40 A. m.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction associated with some abdominal growth -

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary), Toxemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-23-31

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Robert Sardo, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 3/4 1931

20 UNDERTAKER Geo A Farley

ADDRESS 1811 W Fayette

Spec.—1-30—M. & T.—250 Bks.

E 66136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66136

54-005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Edmondson Av ST. 28-66 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Pearline Hodson

(a) RESIDENCE NO. 4708 Edmondson Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 17, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	11		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Annesley Hodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Einhorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Annesley Hodson

(Address) 4708 Edmondson Av

15 Filed AR 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Feb 27, 1931, that I last saw her alive on Feb 27, 1931, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Spinal Tumor

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. Wilson, M. D.

3/7, 1931 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3/2, 1931
20 UNDERTAKER	**ADDRESS**
F Vernon Kochner	Hollins St

Spec.—9-30—A. & Co.—250 Bks.

755802 HEALTH DEPARTMENT—CITY OF BALTIMORE 66137

66137

CERTIFICATE OF DEATH

X 149-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 9-9 WARD)

2. FULL NAME Edna Boblitz

(a) RESIDENCE NO. Rosedale & Bridge ave ST. ..... WARD Essex Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How Long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin

6 DATE OF BIRTH (month, day, and year): March-11-1[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N.W. 03

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Ernest F Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Nina Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records
(Address): Johns Hopkins Hospital

15 Filed ..... 19 .. A. L. Gerlach Registrar

R 2-1931 C. Hampson Jones, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March-1-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb-18-, 1931, to March 1, 1931 that I last saw her alive on March 1, 1931 and that death occurred, on the date stated above, at 3 43 A m.

The CAUSE OF DEATH* was as follows:

Uterine hemorrhage following rupture of the uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb 26 31

Was there an autopsy? Yes Ruptured Uterus

What test confirmed diagnosis? Yes.

(Signed) H. T. Frant M. D.

March 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: March 19 31

20 UNDERTAKER: M. W. E. Appel

ADDRESS: 87 Aud

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 E 66138

1927

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... WARD)

2. FULL NAME Baby Hoffman

(a) RESIDENCE No. 1612 W. Mulberry St St., ... WARD
(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 55 minutes ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/2/31

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or 55 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Mercy Hospital Baltimore Md

PARENTS

10 NAME OF FATHER Max Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Lena Sabalski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

Filed ..... 19 ..... Registrar

R 2-1926 HARPER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/31

17 I HEREBY CERTIFY, That I attended deceased from 3/2/31, 1931, to 3/2, 1931 that I last saw her alive on 3/2, 1931 and that death occurred, on the date stated above, at 1 A m. The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Enlarged thymus

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? In Utero

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pontius

(Signed) J. H. Goodman M. D.

..... 19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrine Rosedale

DATE OF BURIAL 3-2- 1931

20 UNDERTAKER Jack Levin

ADDRESS 1439 Eutaw St

TION is very important. See instructions on back of certificates

Spec.—9-30—A. & Co.—250 Bks.

CONNERY

E 66135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-00 E 66139

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

12-51

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No Saratoga & Calvert ST. WARD)

2 FULL NAME Edmund ~~Conery~~ Connery

(a) RESIDENCE No. 2108 North Charles St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed Sarah Dinar Connery

6 DATE OF BIRTH (month, day, and year): Oct 10th 1849

7 AGE: Years ..... Months 4 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS
10 NAME OF FATHER: Edward Connery
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Mary Debons
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Florence M. Connery
(Address): 2108 N. Charles St.

15 Filed ..... 19 ..... C. HAMPSON JONES ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28-31

17 I HEREBY CERTIFY, That I attended deceased from 2/2, 1931, to 2/28, 1931 that I last saw him alive on Saturday Feb. 28, 1931 and that death occurred, on the date stated above, at 1050 P.M.

The CAUSE OF DEATH* was as follows:
Cardiac Decompensation

Not Determined (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ... Arteriosclerosis Hypertension Prostatic
Not Determined (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Eldus Robert M. D.

..... 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 3-3 1931

20 UNDERTAKER: Mary W. Jenkins Sons Co. ADDRESS: Richard & McCulloh St.

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66140

REGISTERED NO. 115-001 E 66140

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Franklin ST., 18-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Junior Saunders

(a) RESIDENCE NO. 806 Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE 3 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~School~~ 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Paulin

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarvina Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Junior Saunders

(Address) 806 N. Franklin St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from 2-9-31, 19 ..., to 2-26-31, 19 ..., that I last saw him alive on 2-27-31, 19 ..., and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Arthritis (duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Follicular Tonsillitis (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. M. Cardozo, M. D.

(Address) 1524 Druid Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 2, 1931

ADDRESS 323 N. Schroeder St.

20 UNDERTAKER Thos. Kane & Williams

G. HARRISON JONES

MAR 2 - 1931

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

E 66141

CERTIFICATE OF DEATH

E 66141

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: Bayley Hospital ST. 18-26 (WARD)

2-FULL NAME Lizzie Young Carroll

(a) RESIDENCE NO 821 Pebble St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lew Carroll

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ellen Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertie Brown

(Address) 834 W. Lexington St

15 Filed 192

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acc Fall down Steps at her home Fracture of hip (duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 821 Pebble St.

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) A. C. Gladden, M. D. Coroner

19 (Address) 1438 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 2, 1931

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 32-[illegible] Schroeder St.

CAUSE OF DEATH ... See instructions on back of certificates.
TION is very important

Spec.—9-30—A. & Co.—250 Bks.

E 66142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged Infirm — FIELD No. 27550
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. WARD (If death occurred in hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jetta Sindler

(a) RESIDENCE No. Levindale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced, (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, and year) 75

7. AGE 75 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Sigmund Sindler
(Address) Belvedere & Greenspring

15. Filed 19 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3-1-31

17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1931, to 3-1-31, 1931 that I last saw her alive on 3-1, 1931 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Edmund Levin M.D. M. D.
March 2 1931 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL March 2 1931

20. UNDERTAKER S. Ferrison Bro — ADDRESS 1127 E Baltimore

TION is very important See instructions on back of certificates

R 2 - 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66143

REGISTERED No. 108 E 66143

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. 10-14 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carrie McCoy

(a) RESIDENCE No. 814 N. Caroline st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Eliza Farmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address)

15 Filed MAR 2 - 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to Feb. 27, 1931 that I last saw her alive on Feb. 27, 1931 and that death occurred, on the date stated above, at 5.02 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Lowe M. D.

2-27 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Mar 3 1931

20 UNDERTAKER Moffett & Ellerit — ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001 E 66144

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 940 Harford ave 10-14 (WARD)

2 FULL NAME John Hodge Sr.

(a) RESIDENCE NO. 940 Harford Ave (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: C

4 COLOR OR RACE: Male

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Hugh Hodge

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 48; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Doris Hodge (Address) 940 Harford Ave.

15 Filed MAR 2 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1931, to 2-26, 1931 that I last saw him alive on 2-25, 1931 and that death occurred, on the date stated above, at 4,30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary): Valvulitis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Conger M. D.

3-2 1931 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenville S. C.

DATE OF BURIAL: Mar 2, 1931

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1726 Ashland Ave

CAUSE OF DEATH — PLEASE WRITE PLAINLY. See instructions on back of certificate. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 66145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 66145

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Barclay St. 17-60 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Marie Payne

(a) RESIDENCE NO. 3217 Barclay ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Payne

6 DATE OF BIRTH (month, day, and year) Dec 2, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23	2	26	
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Horace Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Richard Payne
(Address) 3217 Barclay St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 26, 1931 that I last saw he(she) alive on Feb 26, 1931 and that death occurred, on the date stated above, at 11:50 P.M. The CAUSE OF DEATH* was as follows:

Sepsis, Puerperalis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not ascertained

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? History & Clinical

Signed F. F. Bar M. D.

19 (Address) 1321 E. 23 St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary | DATE OF BURIAL Mar 2, 1931

20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificate.

MAR 2-1931 Hyattsville, Md.

1 PLACE OF DEATH E 66146

County

Village or City Baltimore (No. 307 N. Arlington Ave.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Henson.

STATE OF MARYLAND CERTIFICATE OF DEATH

E 66146

Registration Dist. No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 31 (Day) 1854 (Year)

7 AGE: 76 yrs. 8 mos. 6 ds. (If LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry business, or establishment in which employed or (employer): —

9 BIRTHPLACE (State or country): St. Margrets Md.

PARENTS

10 NAME OF FATHER: Charles Henson.

11 BIRTHPLACE OF FATHER (State or country): St. Margrets Md.

12 MAIDEN NAME OF MOTHER: Mary Thomas

13 BIRTHPLACE OF MOTHER (State or Country): St. Margrets Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Henson

(Address) 307 N. Arlington ave

15 Filed MAR 2 - 1931 192

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. 1, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 7, 1931, to Mar. 1, 1931, that I last saw him alive on Mar. 1, 1931, and that death occurred on the date stated above, at 11 P.m.

The CAUSE OF DEATH * was as follows:

Cerebrovascular hemorrhage

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Francis E. Wagner M. D.

Mar 2 1931 (Address) 625 Schroeder

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: Mar 3, 1931

20 UNDERTAKER: G. H. D. Parker

ADDRESS: 47 Washington St.

625 Schroeder St. Dr. Wagner

CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1-30—M. & T.—100 B—50L

E 66147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

E 66147

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 8-40 WARD)

2-FULL NAME Harry R Gladden Jr

(a) RESIDENCE No 3209 Emiley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	6	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Harry R. Gladden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Manne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry R. Gladden
(Address) 3209 Emiley Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Purulent Meningitis *Fracture at Base of skull.
Accidently fell off porch at his home while playing. - Feb 1/31
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? drainage Feb 2/31 Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Carter, M. D. Coroner

3/2/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem — DATE OF BURIAL Mar 3rd 1931

20 UNDERTAKER Leo S. Cook — ADDRESS 1723 Patt Pk ave

TION is very important. See instructions on back of certificate.

2 - 1931 C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 66148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66148

+ 53

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hosp. ST. 1600 WARD)

CITY OF BALTIMORE: (NO. .....

2-FULL NAME Julia Farmer

(a) RESIDENCE NO. Corkeyville Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 63 yrs. ..... mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

14 Informant Records (Address) Baltimore City Hospitals

15 Filed MAR 2 - 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-31

17 I HEREBY CERTIFY, That I attended deceased from 2-28-, 1931, to 2-28-, 1931, that I last saw her alive on 2-28-, 1931, and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

~~Carcinoma~~ Sarcoma of non vist bone metastasis

(duration) 2 1/2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted ? If not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fred M. Overholt, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL Mar 2 1931

20 UNDERTAKER Robert Brookerdon

ADDRESS Calhoun & Hollins St

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66149

CERTIFICATE OF DEATH

108 E 66149

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 407 S. Cornwall ST. 46-37 WARD)

2 FULL NAME Frederick W. Hutchins

(a) RESIDENCE NO 407 S. Cornwall ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Hutchins

6 DATE OF BIRTH (month, day, and year) April 20-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry C. Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary Nitzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, MD.

14 Informant Emily Hutchins
(Address) 407 S. Cornwall

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to Feb 28, 1931, that I last saw him alive on Feb 28, 1931, and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alvan J. Reeder M. D.

3-2, 1931 (Address) 3507 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL 3/3 1931

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 Eager St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66150

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-E 66150

CERTIFICATE OF DEATH

76-37

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Bonsal ST. WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Vighol

(a) RESIDENCE NO. 411 S. Bonsal ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 50 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Vighol

6 DATE OF BIRTH (month, day, and year) May 10 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Gable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elnora Gable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Berkenkemper
(Address) 411 S. Bonsal St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to Feb. 28, 1931

that I last saw her alive on Feb. 28, 1931

and that death occurred, on the date stated above, at 5.20 P. M.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. ..... mos. 26 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Physicians Examination

(Signed) Joseph A. Rosenblatt M. D.

3/2, 1931 (Address) 3018 O'Donnell St, Balto, Md

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Mch 4 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

245848

E 66151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002 E 66151

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-4 WARD)

2 FULL NAME Lindy Crents

(a) RESIDENCE No. 249 S Caroline St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE black | 5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/19/30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Lizzie Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 27 1931

17 I HEREBY CERTIFY, That I attended deceased from 2 24, 1931, to 2 27, 1931

that I last saw h[illegible] alive on 2 27, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 249 S. Carolina St.

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Ann E. Kuttner M. D.

5-6-28, 1931 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL 3/4 1931

20 UNDERTAKER Rudolph Dugan

ADDRESS 300 Eden

BACK OF CERTIFICATE. ATION is very important. See instructions on back.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66152

E 66152

98-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Bank St ST., 3-4 WARD)

2-FULL NAME Augustus Gentile

(a) RESIDENCE NO. 1412 Bank St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 49 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Virginia Gentile

6 DATE OF BIRTH (month, day, and year) June 14 / 57

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	73	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Nil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Ignatius Comella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Ida Kurtzman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. Gentile
(Address) 1412 Bank St

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 21st, 1931, to Mar 12th, 1931, that I last saw he alive on Mar. 12th, 1931, and that death occurred, on the date stated above, at 1 50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Cerc. Cardiac dilatation

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy Chronic Nephritis (duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. H. Meyer M. D.

3/1, 1931 (Address) 1520 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loch Raven — DATE OF BURIAL 3/3/ 19 31

20 UNDERTAKER Tindall & Lippel — ADDRESS 3008 Clifton

1-30—M. & T.—100 B—50L

E 66153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 66153

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Hopkins Hospital~~ ..... ST., 5-8 ..... WARD)

2-FULL NAME Nicholas Theo. Jones

(a) RESIDENCE No 605 N. Central Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Jones

6 DATE OF BIRTH (month, day, and year) Aug 17/1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hotel Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Nich. Theo Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Parkton. Md.

12 MAIDEN NAME OF MOTHER Annie Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Howard M. Jones
(Address) 4658 Falls Road

15 Filed MAR 2 1931, 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis? .....

(Signed) J. H. Weiss, M. D. Coroner

3/2/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Luke's Cemy. Marlboro Md

DATE OF BURIAL Mar 5 1931

20 UNDERTAKER P. Marshline & Son

ADDRESS White Hall, Md

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

66154

HEALTH DEPARTMENT—CITY OF BALTIMORE

66154

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5306 Hamlet Ave. St. 27-44 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Mary Loughlin

(a) RESIDENCE No. 5306 Hamlet Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 40 yrs. 10 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred L. Loughlin

6 DATE OF BIRTH (month, day, and year): April 26 1890

7 AGE: Years 40 Months 10 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Jersey City N. J.

PARENTS

10 NAME OF FATHER: Wm. J. Reilly

11 BIRTHPLACE OF FATHER (city or town): unknown (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): unknown (State or country): unknown

14 Informant: Mr. Fred L. Loughlin (husband) (Address) 5306 Hamlet Ave. City

15 Filed 19 Per: ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22 1931 to March 1st 1931 that I last saw h er alive on Feb 28 1931 and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Angina Pectoris.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. F. Queen M. D.

3/1 1931 (Address) 3501 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jersey City N. J. DATE OF BURIAL: May 3 1931

20 UNDERTAKER: Edward Mc Mc Donald ADDRESS: Buffalo

TION is very important. See instructions on back of certificate

2 - 1931 C. HARRISON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 66155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66155

CERTIFICATE OF DEATH.

137

15-58

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., ... WARD)

2-FULL NAME Henry Gay Shirley

(a) RESIDENCE No. Reisterstown Rd & Kate Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? 87 yrs. 2 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eldalene Hoff Shirley

6 DATE OF BIRTH (month, day, and year) Dec 28 1843

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Buffalo. (State or country) N.Y.

PARENTS

10 NAME OF FATHER William Shirley

11 BIRTHPLACE OF FATHER (city or town) London (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Frazier

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) unknown

14 Informant Mr. Jas. W. Shirley (son) (Address) Reisterstown Rd & Kate Av

C. HARRISON JONES, M. D.

15 Filed 2-1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 19 31, to 3-1, 19 31, that I last saw him alive on 3-1, 19 31, and that death occurred, on the date stated above, at 7 00 a.m.

The CAUSE OF DEATH* was as follows:

Prostatic obstruction, benign.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ✓ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no. Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & physical

(Signed) Henry D. Carroll, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mullord Cemetery DATE OF BURIAL May 3 19 31

20 UNDERTAKER Lucas & Morris ADDRESS Buffalo

Spec.—1-30—M. & T.—250 Bks.

E 66156 HEALTH DEPARTMENT—CITY OF BALTIMORE 66-002 E 66156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & ST. 27 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Honora Kavanagh

(a) RESIDENCE NO. 3126 Weaver ST., Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of James D. Kavanagh

6 DATE OF BIRTH (month, day, and year) Sept. 1882

7 AGE Years 49 Months 6 Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Patk. Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hanora Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James D. Kavanagh
(Address) 3126 Weaver Ave.

15 Filed APR 2 - 1931 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from 2-27-31, 19....., to 2-27-31, 19.....,
that I last saw h alive on 2-27-31, 19.....,
and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia of
2 days, with Auricular
fibrillation
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis Clinical Cause

(Signed) N B Handley M. D.

19 (Address) 1126 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL New Bath. Cem.

DATE OF BURIAL 3/3/ 1931

21 UNDERTAKER J. J. Moran

ADDRESS 3 E Baltimore St

Form — 6-6-19 — H. P. Co. — 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66157.

E 66157

CERTIFICATE OF DEATH.

93 024

9-41

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 E 37th St. ST. WARD)

2-FULL NAME Louisa Lohmann

(a) RESIDENCE (Usual place of abode) No. 603 E 37th St ST. WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: George H. Lohmann

6 DATE OF BIRTH (month, day, and year): Jan 25th 1852

7 AGE: Years 79 Months 1 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wilhelm Siedmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Sophia Wellnig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Cecilia Benjamin

(Address) 603 E. 37th St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year): Feb 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931, to Feb 28, 1931, that I last saw her alive on Feb 26, 1931, and that death occurred, on the date stated above, at 11 15 A m.

The CAUSE OF DEATH* was as follows: Infirmities of Age. Myocardial Insufficiency.

(duration) mos. 15 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema (duration) yrs. mos. 2 d.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) Wm. Geyer M. D.

19 (Address) 1562 N. Mitten Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Mch 3rd 1931

20 UNDERTAKER: E Schlosman & Son

ADDRESS 1039 Hanover St

TION is very important. See instructions on back of certificates.

R 2 - 1931

Spec—1-12-25—M&T—500 Bks.

E 66158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66158

CERTIFICATE OF DEATH.

51

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital ST. 25 WARD

2-FULL NAME Edward Bohlman

(a) RESIDENCE NO. 410 W. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/4/65

7 AGE Years 65 Months 8 Days 27 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Race Track

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisville.

PARENTS

10 NAME OF FATHER Henry Bohlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Jaeger

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mrs Matilda Bary

(Address) 1890 N. Boundary

15 Filed Mar 7/31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 1 1931

17 I HEREBY CERTIFY, That I attended deceased from 2 - 12 1931 to 3 - 1 1931,

that I last saw him alive on 2 - 28 1931

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) A. F. Correy, M. D.

3 - 1 1931 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisville

DATE OF BURIAL 3/7 1931

20 UNDERTAKER J. F. Kenny Sons

ADDRESS 131 Eight Ave

CAUSE OF DEATH ... TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66159 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66159

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hospital ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Thompson

(a) RESIDENCE NO. 1108 Hanford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~ Gertrude Thompson

6 DATE OF BIRTH (month, day, and year) Jan 2 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Unaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant St. Joseph's (Address)

15 Filed ..... 19.. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-31

17 I HEREBY CERTIFY, That I attended deceased from 2-27, 1931, to 2-28, 1931, that I last saw him alive on 2-28, 1931, and that death occurred, on the date stated above, at 9.50 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Lawrence W. Sivon, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer

DATE OF BURIAL June 3 1931

20 UNDERTAKER Josiah Syfer

ADDRESS 1001 N. Howard

Spec.—1-30—M. & T.—250 Bks.

E 66160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66160

CERTIFICATE OF DEATH.

121

REGISTERED No. 25-72

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woman's Hospital ST. WARD

2-FULL NAME Marie Friesen

(a) RESIDENCE No. 1708 Wilmington ST., ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 40 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles Friesen

6 DATE OF BIRTH (month, day, and year): Aug 29 - 1876

7 AGE: Years 54. Months 6 Days 29 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) ? (State or country) Austria (?)

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Bernhardt Friesen.
(Address) 1708 Wilmington ave.

15 Filed R 2 1931 19 .. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 19 31, to Feb. 28, 19 31, that I last saw her alive on Feb. 28 19 31, and that death occurred, on the date stated above, at 11 34 P. m.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis (acute)

(duration) ✓ yrs. ✓ mos 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ✓ yrs. ✓ mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes. Date of Feb 23, 1931

Was there an autopsy? Feb. 24, 1931

What test confirmed diagnosis? No.

Clinical evidence

(Signed) Rudolph J. Schork, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem.

DATE OF BURIAL: Mar 1 19 31

20 UNDERTAKER: Josiah Sifer

ADDRESS: 1402 N. Howard Ave

Spec.—9-30—A. & Co.—250 Bks.

E 66161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 | E 66161

1. PLACE OF DEATH Baltimore City Hospital 23-31

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ ST. _____ WARD _____)

2. FULL NAME Emmanuel Carter

(a) RESIDENCE No. 911 S Sharp ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Mch 18, ?

7 AGE: Years 57 | Months 11 | Days 9 | If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) Essex Co.
(State or country) Va.

PARENTS

10 NAME OF FATHER Geo. Lloyd

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Carter

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Va.

14 Informant Records
(Address) Balto. City Hosp.

15 1931 G. HAUPSEN JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-31

17 I HEREBY CERTIFY, That I attended deceased from 11-19-, 1930, to 2-27, 1931 that I last saw him alive on 2-27-, 1931 and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis
Chronic Varicose ulcers
rt foot

(duration) ? yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) _____ yrs. _____ mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? ~~no~~ yes

What test confirmed diagnosis? Clinical exam.

(Signed) Fred M. Dunkewalk M. D.

, 19 _____ (Address) Baltimore City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet

DATE OF BURIAL: March 3 1931

20 UNDERTAKER: Joseph A Lively

ADDRESS: 409 Mount St

TION is very important. See instructions on back of certificates

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66162

CERTIFICATE OF DEATH

X 107-001

E 66162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial St., Ward)

2-FULL NAME George Garrah

(a) RESIDENCE No. 2 Dows Mullins St.; Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 9-19-28

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	5	13 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Md

PARENTS

10 NAME OF FATHER: George Garrah

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md

12 MAIDEN NAME OF MOTHER: Clara Garrah

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md

14 Informant: George Garrah
(Address): Overhill Md.

15 1931 G. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Morrison, M. D.

3/2 1929 (Address) 1632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Hill Cemetery

DATE OF BURIAL: Mar 5 1931

20 UNDERTAKER: J. F. Eline

ADDRESS: Reisterstown Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2

Spec.—1-30—M. & T.—250 Bks.

E 66163

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 | E 66163

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 W. Lexington ST., 20-27 WARD

2-FULL NAME Ida Cushen,

(a) RESIDENCE No. 1923 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Percy B. Cushen,

6 DATE OF BIRTH (month, day, and year) Sept. 6. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City. N. Y.

PARENTS

10 NAME OF FATHER Benjamin Baker,

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Anna Rose,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York.

14 Informant Miss Pauline Cushen
(Address) 1923 W. Lexington St.

Filed MAR 2 1931 19..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1930, to Mar 2, 1931, that I last saw h. alive on Mar 2, 1931, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Edema;

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Chronic Interstitial Nephritis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical examination

(Signed) C. H. Jones, M. D.

3/2, 1931 (Address) 1827 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL MAR 4 1931

20 UNDERTAKER Geo M. Little

ADDRESS 2700 EDMONDSON AVE.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 66164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66164

CERTIFICATE OF DEATH.

15-62 131

1-PLACE OF DEATH

City of BALTIMORE: (No. 3505 Grantley Rd. St.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anne Elizabeth Bromwell

(a) Residence No. 3505 Grantley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Richard E Bromwell

6-DATE OF BIRTH (month, day and year) Aug 26/1873

7-AGE. 57 yrs. 6 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS

10-NAME OF FATHER. Andrew Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Ann Blondell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Richard E Bromwell
(Address) 3505 Grantley Road

15- Filed 2-1931 C. HARRISON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 1, 1931

17- I HEREBY CERTIFY, That I attended deceased from February 12 1931 to March 1 1931 that I last saw her alive on March 1 1931 and that death occurred, on the date stated above, at 4 40 A m.

The CAUSE OF DEATH* was as follows:
Cardiovascular renal disease
chronic nephritis 15 years
myocarditis & hypertension
at least
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis
(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical laboratory methods

(Signed) Franklin Smith Jr. M. D.
, 19 (Address) 127 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Mar 3 1931

20-UNDERTAKER. Harry H Thurnard & Son

ADDRESS 4204 Ridgewood Ave

instructions on back of certificates.

1-30—M & T.—100 B—50L.

E 66165

HEALTH DEPARTMENT—CITY OF BALTIMORE

97

E 66165

CERTIFICATE OF DEATH

8-16

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Port ST. ..... (WARD)

2-FULL NAME Mary A. Jones

(a) RESIDENCE No 1309 N. Port ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Planner Jones

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Harvey E. Jones (sOn)
(Address) 1309 N. Port St

Filed 2 1931 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure
General Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. T. Green, M. D.
Coroner

3/2/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. March 4 1931

DATE OF BURIAL

20 UNDERTAKER John C. Miller

ADDRESS 2135 E Oliver

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

Corner Bladen & Broadway Tarpt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66166

CERTIFICATE OF DEATH

82 19-28

E 66166

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1529 W. Baltimore St. ..... Ward)

2-FULL NAME John Frankton

(a) RESIDENCE NO. 1529 W. Balto St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Ida E. Frankton

6 DATE OF BIRTH (month, day, and year) Mar 17th 1871

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
59	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wood Worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer A I Millwork Co

9 BIRTHPLACE (city or town) .....
(State or country) England

PARENTS

10 NAME OF FATHER Thomas Frankton

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Porter

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) England

14 Informant Ida Frankton
(Address) 1529 W. Balto St

15 Filed ..... 19..... C. HUDSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) G. E. Slades, M. D.

19 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetary

DATE OF BURIAL 3/4 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Dr. Gordy Harford Overland
Ward 2028

E 66167 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-64 E 66167

CERTIFICATE OF DEATH.

644

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Parkview Terrace WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Bettie Isadora MacNeil

(a) RESIDENCE No. 2808 Parkview Terrace WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
(so) WIFE of Roderick MacNeal

6. DATE OF BIRTH (month, day, and year) Sept 7th 1849

7. AGE: Years 81 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

037

9. BIRTHPLACE (city or town) (State or country): Michigan

PARENTS

10. NAME OF FATHER: Wm Scott Jamison
11. BIRTHPLACE OF FATHER (city or town) (State or country): Barnett, Vermont
12. MAIDEN NAME OF MOTHER: Almira Rowley
13. BIRTHPLACE OF MOTHER (city or town) (State or country): East Hartford, Conn.

14. Informant: Miss Myra Ale
(Address) 2808 Parkview Terrace

15. [illegible] 2-1931 19 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 2nd 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to month 2nd 1931, that I last saw her alive on Feb 1st 31, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis: Clinical.

(Signed) K. K. Gordy. M. D.

3-2, 1931 (Address) Harford Rd & Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 3/4/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

66168 HEALTH DEPARTMENT—CITY OF BALTIMORE 66168

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 N. Fulton Ave. 15-21 WARD)

2. FULL NAME Elizabeth V. Wonderly

(a) RESIDENCE NO. 1537 N. Fulton Ave. (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 30, 1850

7. AGE: Years 81 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10. NAME OF FATHER Wm. S. Wonderly

11. BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12. MAIDEN NAME OF MOTHER Eleanora Cummings

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14. Informant Mr. W. C. Wonderly (Address) 1706 Harlem Ave.

15. Filed 2-1931, 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Mar 1, 1931, that I last saw her alive on Feb 28, 1931, and that death occurred, on the date stated above, at 9:40 A. M.

The CAUSE OF DEATH* was as follows: ~~Cerebral apoplexy~~ Cerebral hemorrhage (duration) yrs. 10 hrs.

CONTRIBUTORY (Secondary) arterio sclerosis (duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? 0

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. C. Gerd M. D.

19. (Address) 616 Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CRIMATION OR REMOVAL: Loudon Park Cemy. DATE OF BURIAL: March 3, 1931

20. UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1000 Eutaw St.

TION is very important. See instructions on back of certificates

Spec.—0-30—A. & Co.—250 Bks.

E 66169 HEALTH DEPARTMENT—CITY OF BALTIMORE 92-01 66169

CERTIFICATE OF DEATH

15-58

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Kate Ave ST. ..... WARD)

2. FULL NAME Hannah T. Greene

(a) RESIDENCE NO. 2911 Kate Ave ST. ..... WARD ..... (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis D. Greene

6. DATE OF BIRTH (month, day, and year) Dec 13 1849

7. AGE: Years 81 Months 2 Days 19 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10. NAME OF FATHER Davis Dill

11. BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12. MAIDEN NAME OF MOTHER Sarah Lewis

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14. Informant Louis D. Greene (Address) 2911 Kate Ave

15. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929 to March 2 1931 that I last saw he alive on Feb 27 1931 and that death occurred, on the date stated above, at 12.30 a m

The CAUSE OF DEATH* was as follows: Chronic Endocarditis (Valvular Insufficiency)

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Debility

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ..... —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Leulon P. Hill M. D.

19. (Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Lennth Square Pa — DATE OF BURIAL: March 4 1931

20. UNDERTAKER: John O. Mitchell & Sons. — ADDRESS: 19 n Eutaw Place

TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

R 2 - 1931

Spec—1-30—M. & T.—250 Bks

E 66170 HEALTH DEPARTMENT—CITY OF BALTIMORE 48 E 66170

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Housmann ST., WARD

2-FULL NAME Mrs Elizabeth Housmann

(a) RESIDENCE NO. 2345 Sidney Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Earnest L Housmann

6 DATE OF BIRTH (month, day, and year) Oct 26, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59		4,	6,	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER John Lewis Wege

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Gramlich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughter, Mrs G R Brown
(Address) 23 W Sidney ave

15 Filed MAR 2 1931, 19 C. BURTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to March 2, 1931, that I last saw her alive on March 2, 1931, and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) 5 mos yrs. (?) mos ds.

CONTRIBUTORY (Secondary) acute dilitation of heart

(duration) yrs. mos. ds. 6 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 23, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm L Hartzmer, M. D.

19 (Address) 5301 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Linden Park Cem — DATE OF BURIAL Monday 1931

20 UNDERTAKER A. Howard Evans — ADDRESS 38 E. Fort ave

1-20—M & T—100 B—50L

E 66171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 E 001 66171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. WARD) Surge

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. H. Jewell

(a) RESIDENCE No. Friendly Inn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): 087
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs. Grady
(Address) 143 N. B. Ave

15 Filed ....., 192.... C. HARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Prob. ACO)
Fracture of Left Femur
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Friendly Inn (Prob

Did an operation precede death? — Date of —

Was there an autopsy? —

Was test confirmed diagnosis? —

(Signed) Thos. E. Jones, Coroner, M. D.

2/3, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Burial Park

DATE OF BURIAL: 2/4 1931

20 UNDERTAKER: J. J. Haney & Son

ADDRESS: 31 W. Eight St.

PLACE OF DEATH is very important. See instructions on back of certificates.

2 1931

Spec.—1-30—M. & T.—250 Bks

E 66172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Exeter ST., 3-5 WARD) 59

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa Bonica

(a) RESIDENCE No. 200 S. Exeter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 43 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Bonica

6 DATE OF BIRTH (month, day, and year): Aug 2-1868

7 AGE: Years 62 Months 6 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Phillip Sonacia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosie Gibratta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Charles Bonica
(Address): 200 S. Exeter St.

15 Filed 2-1931, 1931, C. RAMSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Feb. 27, 1931, that I last saw h[illegible] alive on Feb. 26, 1931, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ..... yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Sugar in urine.

(Signed) Eugene S. Passaguet, M. D.

3.2, 1931 (Address) 514 Irving Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 3/4, 1931

20 UNDERTAKER: Rudolph Stoppel

ADDRESS: 300 S. Eden

Spec.—9-30—A. & Co.—250 Bls.

66173

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 V 66173

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 W. Saratoga St. WARD) 425

2 FULL NAME James West

(a) RESIDENCE No. 520 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: 52 Years, Months —, Days —, If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): O.K.
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Jennie West
(Address) 520 W. Saratoga St.

15 Filed MAR 3 - 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28-31

17 I HEREBY CERTIFY, That I attended deceased from 11-12-1930, to 2-28-1931 that I last saw him alive on 2-27-1931 and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): Hypertension + Interstitial nephritis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. H. Cangin M. D.

33 - 1931 (Address) 611 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: March 3

20 UNDERTAKER: George T. H. Gilson ADDRESS: 1735 Hillen

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 ✓

E 66174

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Edward Filling

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... do

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER George Filling

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/10, 1931, to 3/1, 1931, that I last saw h..... alive on 3/28, 1931, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. Bernard Wirts, M. D.

3/2, 1931 (Address) 1216 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 3/4 1931

20 UNDERTAKER John J. Cowan & Son

ADDRESS 701 Sharp

Spec.—9-30—A. & Co.—250 Pks.

E 66175

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 66175

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hosp G-9-18

CITY OF BALTIMORE: (No. ..... ST. ..... WARD.)

2 FULL NAME Pearl Sutton

(a) RESIDENCE No. 1827 Eutaw ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Sutton

6 DATE OF BIRTH (month, day, and year) Aug 25 1909

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook - Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Oren Wilburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Rose Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant (Address) Hospital Record

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1931 to Feb 28 1931

that I last saw her alive on Feb 28 1931

and that death occurred, on the date stated above, at 5 20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 1/2 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) David Seidler M. D.

2/28/19 31 (Address) Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 3/3 1931

20 UNDERTAKER Frederick A. Cole — ADDRESS 1 E Lombard

TION is very important. See instructions on back of certificates.

AR 2 - 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66176

CERTIFICATE OF DEATH.

46 E 66176

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Lloyd St. 35 WARD)

2-FULL NAME Lena Kravitz

(a) RESIDENCE No. 30 Lloyd ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 67 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Harry Kravitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mollie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: David Kravitz
(Address): 30 Lloyd st

15 Filed _____ 19 _____ W. H. JONES, M. D. Registrar

APR 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2/31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1930, to March 2, 1931 that I last saw he alive on March 2, 1931 and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder 6 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leigh Boufin M. D.

3/2/31 19 (Address) 2040 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 3/3 1931

20 UNDERTAKER: Sol Levison & Bro

ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

163

E 66177

CERTIFICATE OF DEATH

E 66177.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. ..... WARD) 15-68

2-FULL NAME Hyman Goldberg

(a) RESIDENCE NO 2038 Bentalou ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thersa Goldberg

6 DATE OF BIRTH (month, day, and year) Oct 6/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	24 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 066
(c) Name of employer Furniture

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Simon Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Lea Rosenburg

13 BIRTHPLACE OF MOTHER Poland (State or country)

14 Informant Louis Goldberg
(Address) 2038 Bentalou St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bichloride Mercury Poisoning.
Suicide

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home Feb 28/31

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D. Coroner

3/2/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern cem

DATE OF BURIAL 3/3 1931

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66178 HEALTH DEPARTMENT—CITY OF BALTIMORE 66178

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Fleet St. ST. 24 WARD)

2. FULL NAME Frank Balcerowicz

(a) RESIDENCE No. 2027 Fleet St. ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

How Long in U. S., if of foreign birth? yrs. mos. ds.

length of residence in city or town where death occurred 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Balcerowicz

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Ludwik Balcerowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Victoria Balcerowicz
(Address) 2027 Fleet St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from 2-23 1931 to 3-1-31 19 that I last saw him alive on 3-1-31 19 and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Guilarmo M. D.

3/1/31 19 (Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Mch. 4 1931

20 UNDERTAKER F. W. Grazewski

ADDRESS 190 Eastern

TION is very important. See instructions on back of certificates.

Spec.—I-30—M. & T.—250 Bks.

E 66179

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 66179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-23 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel Weintraub

(a) RESIDENCE No. 1028 N. Arlington Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Weintraub

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 0+5

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Weintraub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jr. Levin
(Address) 1431 Bolton St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to March 2, 1931, that I last saw h. alive on March 2, 1931, and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Israel Ottenberg, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levino Cosedale — DATE OF BURIAL 3-3-1931

20 UNDERTAKER Face Funeral, 1431 E Bale St — ADDRESS

N.B.—WRITE PLAINLY, W... mation should be care... CAUSE OF DEATH in ... TION is very important.

MAR 5 1931

Spec.—9-30—A. & Co.—250 Bks.

E 66180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66180

CERTIFICATE OF DEATH.

92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1429 N. Pat. Pk. Ave. ST. 8-16 WARD)

2. FULL NAME Walter C. Potee

(a) RESIDENCE No. 1429 N. Pat. Pk. Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred: life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Potee

6. DATE OF BIRTH (month, day, and year): Aug 9/1874

7. AGE: Years 56 Months 6 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Fouman 086
(b) General nature of industry, business, or establishment in which employed (or employer): Grand Rapids Furniture Co
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10. NAME OF FATHER: Wm Potee
11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12. MAIDEN NAME OF MOTHER: Catherine Bentley
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant: Lena Potee
(Address) 1429 N. Pat Pk Ave

15. Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 3/2/31

17. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1930, to March 2nd, 1931, that I last saw him alive on March 1st, 1931, and that death occurred, on the date stated above, at 3 25 a.m. The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency (duration) 5 yrs. 7 mos. 15 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? None Date of .....

Was there an autopsy? None

What test confirmed diagnosis? Physical Signs

(Signed) Joseph J. Murphy M. D.

19. (Address) 2419 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 3/4/31, 19..

20. UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans St

TION is very important. See instructions on back of certificate.

FEB 1931

Spec.—9-30—A. & Co.—250 Bks.

E 66181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66181

82-001

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Windsor Ave. St. 27-44 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Chas. W. Brown

(a) RESIDENCE No. 3108 Windsor Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie E. Brown

6. DATE OF BIRTH (month, day, and year): May 26/1875

7. AGE: Years 55 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dist Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Rice Baking Co
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10. NAME OF FATHER: Julius Brown
11. BIRTHPLACE OF FATHER (city or town) (State or country): Md
12. MAIDEN NAME OF MOTHER: Mary E. --
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant: Carrie E. Brown
(Address) 3108 Windsor Ave

15. Filed ....., 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 3/28/31

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1930, to Feb. 28, 1931, that I last saw him alive on Feb. 8, 1931, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 1½ hrs.

CONTRIBUTORY (Secondary): Hypertension (duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. O. Neff M. D.

3/29/31, 19..... (Address) 405 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London PK Cem — DATE OF BURIAL: 3/3/31, 19.....

20. UNDERTAKER: Philip Herzog — ADDRESS: Orleans St

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 66182 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 48 E 66182

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. _____

CITY OF BALTIMORE: (No. 2611 Ausgustus ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Treadwell

(a) RESIDENCE NO. 2611 Ausgustus ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Herbert Treadwell

6 DATE OF BIRTH (month, day, and year) Jan 5, 1889

7 AGE: Years 42 | Months 1 | Days 2426 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Dora Swartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Dorothy Burke
(Address) 2611 Ausgustus St

15 Filed _____ 1931 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to March 1, 1931, that I last saw her alive on March 1, 1931, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Carcinomatosis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of Mar 29, 1930

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Operative

(Signed) Jack J. Singer, M. D.

, 19 (Address) 1328 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Mar. 5th 1931

20 UNDERTAKER: Chas. W. Dill.

ADDRESS 3109 Frederick Ave.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

E 66183

REGISTERED NO. E 66183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2202 Maryland Ave. Ward 12-51

2-FULL NAME J. Clinton Walls

(a) RESIDENCE NO. 2202 Maryland Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 2 1871

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
59	5	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) Pikesville
(State or country) Md.

PARENTS

10 NAME OF FATHER Nathaniel Walls

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Imogene Logston

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mr. Eugene Jenkins
(Address) Fulton & Lemmon Ave.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary
Disease of
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

5/3/ 19 31 (Address) 2622 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel Cem.	May 4 1931
20 UNDERTAKER	**ADDRESS**
Wm Hickner Sons	Norbeta

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66184

E 66184

23 27-56

CERTIFICATE OF DEATH.

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3034 Cold Spring Ave. ST. ..... WARD)

2. FULL NAME Gertrude Henrietta King

(a) RESIDENCE No. 3034 Cold Spring Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L. King

6 DATE OF BIRTH (month, day, and year) Aug 20 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jersey City N.J.

PARENTS

10 NAME OF FATHER Josef Kondler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Johanna Zöllner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Johanna Kondler (Address) 3034 Cold Spring Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931, to Mar 1, 1931 that I last saw h~~er~~ alive on Mar 1, 1931 and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exp.

(Signed) James B. Ashehurst M. D.

3-2 1931 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR ~~REMOVAL~~ Lincoln Lem

DATE OF BURIAL Mar 3 1931

20 UNDERTAKER Wm Fleckner Son

ADDRESS Norristown Pa

MAR 3 1931 C. HARRY JONES, M.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 66185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66185

CERTIFICATE OF DEATH.

21-29 51

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home and Infirmary STREET WARD)

2-FULL NAME William Weikel

(a) RESIDENCE No. 722 Washington Boulevard WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Weikel

6 DATE OF BIRTH (month, day, and year) March 11-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	11	21	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. Weikel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. F. Weikel
(Address) 208 Paddington Road

15 Filed ....., 19.... Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 3, 1931, to March 2, 1931, that I last saw him alive on March 2, 1931, and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH* was as follows: Cholecystitis, acute

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Papilloma of Bladder

(duration) 3 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Richard C. Cumming, M. D.

March 4, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 5, 1931

20 UNDERTAKER Wm J. Fickner Son — ADDRESS N. Pa

TION is very important. See instructions on

Spec.—1-30—M. & T.—250 Bks

E 66186

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66186

45

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST., No. 30 WARD .....

2-FULL NAME Michael Kenney

(a) RESIDENCE No. 4901 Eastern Ave ST., 24 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Kenney

6 DATE OF BIRTH (month, day, and year) Jan 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	59	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Boiler Mfg.

(c) Name of employer ?

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Kenney

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Alfred Ruhan

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) England

14 Informant Parents
(Address) Balto City Hospitals

15 Filed ..... 19 ..... Registrar

MAR 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-31

17 I HEREBY CERTIFY, That I attended deceased from 1-24-, 1931, to 2-28-, 1931, that I last saw him alive on 2-28-, 1931, and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach with hepatic metastasis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage
(duration) ( ) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 2-21-31

Was there an autopsy? no

What test confirmed diagnosis? clinical exam

(Signed) Fred M. Brukwell, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL March 4 1931

20 UNDERTAKER Lilly & Zeller Inc.

ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks.

E 66187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 66187

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 507 S. Decker Ave. 1 WARD)

2 FULL NAME Charles Jacob

(a) RESIDENCE No. 507 S. Decker ave ST. 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14th 1928

7 AGE: Years 2 Months 11 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER Frauls. Jacob.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER Margaret Swanson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Father) (Address) 507 S. Decker Ave.

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2nd/31

17 I HEREBY CERTIFY, That I attended deceased from 2-8-31, 19..., to 3-2-31, 19...
that I last saw him alive on 3-2-31, 19...
and that death occurred, on the date stated above, at 5 45 a m.

The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease,
preceded by Lobar Pneumonia.

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What did autopsy reveal? Physical signs of death.

(Signed) I. F. Fronushas M. D.

3-2-31 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Luth. Cem.
DATE OF BURIAL: March 5th 1931

20 UNDERTAKER: Lilly + Geiler Inc.
ADDRESS: 4038 Wash St.

TION is very important. See instructions on back of certificates.

MAR 3 - 1931

Spec.—2-29-28—L. F. S.—500 Bks.

E 66188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 66188

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E. Madison ST., 10-14 WARD)

2—FULL NAME Emma Brooks (Pinkett)

(a) RESIDENCE NO. 1210 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isiah Pinkett

6 DATE OF BIRTH (month, day, and year): March 3/1876

7 AGE: Years 54, Months 53, Days 11, If LESS than 1 day, hrs. or min. 28

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Alexandra Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Matilda Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Ferdinan Pinkett (son)

(Address): 602 N. Eden St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1-31

17 I HEREBY CERTIFY, That I attended deceased from Dec-27, 1930 to Feby 28, 1931 that I last saw her alive on Feby 28, 1931 and that death occurred, on the date stated above, at 12-30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. 26 ds.

18 Where was disease contracted if not at place of death? 231 Somerset

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? medical

(Signed) J. H. Walters, M. D.

, 19 (Address) 1445 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedarvy Cemetery

DATE OF BURIAL: 3/4/ 1931

20 UNDERTAKER: Chas E. Bailey

ADDRESS: 1421 Jefferson St

Spec.—9-30—A. & Co.—250 Bks

E 66189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66189

CERTIFICATE OF DEATH.

27-001

18-26

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2 FULL NAME Herbert Thomas

(a) RESIDENCE No. 224 N. Poppleton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1904

7 AGE	Years	Months	Days	If less than 1 day ..... hrs. or ..... min.
	26	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bell boy

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer Chelsea Hotel

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Stella Moulton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19..... JOHN J. JONES, M. D. Registrar

C 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from 8-6-30, 19..., to 3-1-31, 19..., that I last saw him alive on 3-1-31, 19..., and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic osteomyelitis,
left femur, upper 1/3.

(duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Duckwall M. D.

..... 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 4, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3221 Schroeder St

TION is very important. See instructions on Back of Certificate.

Spec—9-30—A. & Co.—250 Bks

St. Cerner

1931
65
131 E 66190

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 66190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3130 Stafford St. 70-70 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lowndes S. Dorsey

(a) RESIDENCE No. 3130 Stafford St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle J. Dorsey

6 DATE OF BIRTH (month, day, and year) July 11-1868

7 AGE Years 62 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Flour

(c) Name of employer Company

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Bernard Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estelle J. Dorsey
(Address) 3130 Stafford St.

15 Filed ....., 19 .....

LAWSON JONES, M. D.
Registrar

2-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/31

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1931, to 2-27, 1931

that I last saw him alive on 2-27, 1931

And that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:
(1) Auricular fibrillation with marked myocarditis. (2) Arteriosclerosis (3) Chronic Bronchitis with emphysema. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) A. R. de Aveno M. D.

, 19 (Address) Windsor Av. Apts. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Freedom Park Cemetery — DATE OF BURIAL 2/28/31

20 UNDERTAKER F. B. Wagefuhr — ADDRESS 1850 N. Balto St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

66191

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 66191

CERTIFICATE OF DEATH.

12-250

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. _____ WARD)

2-FULL NAME Daniel Michaelis

(a) RESIDENCE NO. 435 E. 27th ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 4th 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	2	23	3 wks

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Daniel Michaelis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Wilhelmina Bennet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Daniel C. Michaelis
(Address) 435 E. 27th St

15 Filed _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 2, 1931, that I last saw him alive on March 2, 1931, and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab findings

(Signed) Geo. C. Arnoys Jr. M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loman Park Cemetery — DATE OF BURIAL 3/4/1931

20 UNDERTAKER H. B. Wiesenfeld — ADDRESS 1850 N. Gay St

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE

FORM 1031 C. HARRISON JONES, M.D.

Spec.—1-30—M. & T.—250 Bks.

E 66192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66192

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Mary's Hospital

CITY OF BALTIMORE: (No. Cherchill & Oc ST. 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Meier East from Hartford north of Bernard Ave

(a) RESIDENCE No. 2912 Baumwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catherine Meier

6 DATE OF BIRTH (month, day, and year) Sept 5th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Meier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Meier

(Address) 2912 Baumwood Ave

15 Filed 1931 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to March 1, 1931, that I last saw him alive on March 1, 1931, and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Cancer hypertrophy of prostate

Chronic nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Con

(Signed) A. W. Blair, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 3-5 1931

20 UNDERTAKER E W B Steele 1153

ADDRESS Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12/V E 66193

66193

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... S 1-3 WARD)

2 FULL NAME Tilden Waller

(a) RESIDENCE NO. 720 S. Luzerne Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna Waller

6 DATE OF BIRTH (month, day, and year) Nov. 6 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... mns.
	54	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Silver finisher
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer Steiff Co.

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-31

17 I HEREBY CERTIFY, That I attended deceased from 2-24-31, 19..., to 3-2-31, 19...
that I last saw him alive on 3-2-31, 19...
and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:
Acute appendicitis with perforation
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Generalized peritonitis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? yes Date of 2-24-31
Was there an autopsy? yes
What test confirmed diagnosis? operative findings
(Signed) Fred M. Dunkerly M. D.
19..... (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 3/4/31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Belte St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

E 66194

E 66194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

27-43

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Harford Rd ST. ..... WARD)

2. FULL NAME Mary C. Wilson

(a) RESIDENCE No. 5700 Harford Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred lifetime yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Geo. W. Wilson

6. DATE OF BIRTH (month, day, and year) Aug 15-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10. NAME OF FATHER Wm. R. Beatty

11. BIRTHPLACE OF FATHER (city or town) Mechanicstown
(State or country) Md

12. MAIDEN NAME OF MOTHER Julia Eichard

13. BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Md

14. Informant Mrs. Geo. W. Wilson
(Address) 5700 Harford Rd

15. Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 4/31

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930, to Mar 2, 1931 that I last saw her alive on Mar 2, 1931 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis + Heart Block (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. Smith M. D.

3/3. 1931 (Address) 4708 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 3-5 1931

20. UNDERTAKER Leonard J. Rusch

ADDRESS Clifton

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

E 66195

E 66195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Cabert Boarding ST. 2640 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr John Lierman

(a) RESIDENCE No. 3607 Bel Air Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary E. Lierman

6 DATE OF BIRTH (month, day, and year) March 25 1870

7 AGE: Years ..... Months 11 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Building etc

(c) Name of employer Frain Bros

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Lierman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mary E. Lierman
(Address) 3607 Bel Air Rd.

15 Filed 3-2 1931 H. M. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 1, 1931 that I last saw him alive on March 1, 1931 and that death occurred, on the date stated above, at 7 15 pm

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
1

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis & intestinal obstruction (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/1/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eldred Roberts M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 3-5 1931

20 UNDERTAKER Leonard J. Roach

ADDRESS 6405 Lifton Ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66196

86-001

E 66196

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) En route to University Hospital (Hospital) (Ward)

2-FULL NAME Clifton Lemons

(a) RESIDENCE No. 414 Eistein ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant .....
(Address) .....

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Accidental Death

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 919 W. Barre St

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Eugene Zelfer M. D. Coroner

2/26 1931 (Address) 2039 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL MAR 3 1931

ADDRESS

20 UNDERTAKER Commissioner Health.

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates. TION is very important

C. HARPSON JONES, M. D.
MAR 3 1931
CORONER

Spec.—9-30—A. & Co.—250 Bks.

E 66197

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-E 66197

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 18-26

2. FULL NAME Nora Carter

(a) RESIDENCE NO. 520 N. Fremont ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Madison
(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Virena Carter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-31

17 I HEREBY CERTIFY, That I attended deceased from 2-18-30, 19..., to 2-28-31, 19...

that I last saw her alive on 2-28-31, 19...

and that death occurred, on the date stated above, at 12:50 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum
(duration) yrs. 13 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

3-2-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 3 - 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66198

CERTIFICATE OF DEATH

17-26161-00

1. PLACE OF DEATH Johns Hopkins Hospital

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2. FULL NAME Baby Knox

(a) RESIDENCE No. 766 W Franklin St. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby. 17/31.

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day 12 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William H Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mabel Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 18/31.

17 I HEREBY CERTIFY, That I attended deceased from 2-17-, 1931, to 2-18-, 1931. that I last saw he alive on 2-18-, 1931. and that death occurred, on the date stated above, at 130 a m. The CAUSE OF DEATH* was as follows:

Atelectasis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Robt Harrison Jr. M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAR 3 1931

20 UNDERTAKER

ADDRESS

HAMPSON JOHN H. Commissioner Health

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

E 66199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66199

93-003

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 76-37 ST. & WARD)

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maria Carter

(a) RESIDENCE No. none ST. ..... WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1860 ?

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town): ?
(State or country): Delaware

PARENTS

10 NAME OF FATHER: Clem Morris

11 BIRTHPLACE OF FATHER (city or town): ?
(State or country): Delaware

12 MAIDEN NAME OF MOTHER: Mary Jane ?

13 BIRTHPLACE OF MOTHER (city or town): ?
(State or country): Delaware

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed MAR 3 - 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from 1-17-30, 19..., to 3-1-31, 19...

that I last saw her alive on 3-1-31, 19...

and that death occurred, on the date stated above, at 1:35 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? 1. Home 2 Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Padget. M. D.

3-2-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: 19

20 UNDERTAKER: C. Hampson Jones, M. D. Commissioner Health

ADDRESS: MAR 3 - 1931

TION is very important. See instr... on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66200

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 21-31

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....)

2 FULL NAME Wayman Burney

(a) RESIDENCE No. 916 Warner st. St., ... Ward ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced (or) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Wayman Burney

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Leanna Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address) .....

15 Filed ....., 19..... Registrar

5545

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1931

17 I HEREBY CERTIFY. That I attended deceased from Jan. 27, 1931, to Feb. 28, 1931 that I last saw him alive on Feb. 28, 1931 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Tenner M. D.

2-28-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

C. HANSON DOLE, M. D. UNIVERSITY OF MARYLAND

Commissioner Health

MAR 2 - 1931

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 9-17 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Williams

(a) RESIDENCE NO. Lynchburg St., Va. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 2-28-31

7 AGE: Years _____ Months _____ Days _____ If LESS than 1 day, hrs. or 30 min.

Newborn

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Goda Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lynchburg, Va.

12 MAIDEN NAME OF MOTHER: Mitchell Blankenship

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lynchburg Va.

14 Informant: Parents
(Address)

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28-31

17 I HEREBY CERTIFY, That I attended deceased from 2-28-31, 19 ..., to 2-28, 19 31, that I last saw he alive on 2-28, 19 31, and that death occurred, on the date stated above, at 2 45 P.M.

The CAUSE OF DEATH* was as follows:
Premature Birth (6 mos.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Separation of Placenta

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) C. Wheeler M. D.

, 19 (Address) 1279 Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: MAR 2 - 1931

20 UNDERTAKER: Commissioner Health.

ADDRESS

Filed MAR 3 1931 C. Hampson Jones M.D. Registrar

BY WM. F. MCCOBALL

Spec.—9-30—A. & Co.—250 Bks.

66202

HEALTH DEPARTMENT—CITY OF BALTIMORE

66202

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. 76-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

2-FULL NAME Anna Crise

(a) RESIDENCE No. 113 Druid Hill Ave. St., 4306 Arizona Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred lifer yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 71; Months; Days; If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Richard ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Josephine Link

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records of (Address): Balto. City Hosp.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-2-31

17 I HEREBY CERTIFY, That I attended deceased from 6-4-30, 19.., to 3-2-31, 19.., that I last saw he alive on 3-2-31, 19.., and that death occurred, on the date stated above, at 6:45 P. m. The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY* (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home & Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirm diagnosis? Clinical exam

(Signed) Paul Padget M. D.

3-3-1931. Address Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Mar 5 1931

20 UNDERTAKER: John Ulrich ADDRESS: 208 Allegany

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66203 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66203

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Chesterfield Ave ST. ..... WARD)

2-FULL NAME William A Weitzel

(a) RESIDENCE No. 3002 Chesterfield Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Barbara Weitzel

6 DATE OF BIRTH (month, day, and year): Nov 4 - 1844

7 AGE: Years 86 | Months 3 | Days 27 24 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED: Foreman

(a) Trade, profession or particular kind of work: 86

(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Factory

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jacob Weitzel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Barbara Weitzel
(Address) 3002 Chesterfield Ave

15 Filed MAR 3 1931, 19 ..... H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1-1931

17 I HEREBY CERTIFY, That I attended deceased from January 5 1925 to March 1 1931, that I last saw him alive on February 28 1931, and that death occurred on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis and Senile congestion

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Shall E Singewald M. D.

3/4 193 (Address) 1613 E Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Mar 4 1931

20 UNDERTAKER: John Ullrich

ADDRESS: 2008 Orleans

Spec.—9-30—A. & Co.—250 Bks.

244286

E 66204

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 51 E 66204

CERTIFICATE OF DEATH.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 9-9 St. ..... Ward .....)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George Schwartz

(a) RESIDENCE No. Owings Mills Md. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ..... ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara

6 DATE OF BIRTH (month, day, and year): July 29 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Huber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

AHK

3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1931 to March 3, 1931

that I last saw him alive on March 3, 1931

and that death occurred, on the date stated above, at 3 A m

The CAUSE OF DEATH* was as follows:

Pyelonephritis, bilateral
Uraemia
Bronchopneumonia

(duration) yrs. ..... mos. 10 ds. .....

CONTRIBUTORY (Secondary) Carcinoma of Prostate (duration) 7 yrs. ..... mos. ..... ds. .....

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 2/23/31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) A. Dmitt M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Mar 5 1931

20 UNDERTAKER: Geo. E. Elsner — ADDRESS: Reisterstown Md

TION is very important. See instructions on back of certificate.

Spec.—1 30—M. & T.—250 Bks.

E 66205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66205

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Emily Nicholas

(a) RESIDENCE No. Mt Hope Retreat ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 65 Months Unknown Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer) Same

(c) Name of employer Same

9 BIRTHPLACE (city or town) Unknown
(State or country) Unknown

PARENTS

10 NAME OF FATHER Jeremiah Nicholas

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Agnes Morris

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Mt Hope Friends
(Address) Mt Hope Retreat

15 Filed ..... 19 ..... Registrar

G. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3. 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 3, 1931, that I last saw her alive on March 3, 1931, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis
(Acute Cardiac Dilitation)

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Intestines

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of April, 1930

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walton R. Dell M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Wolseuling

DATE OF BURIAL 3/31 19 31

20 UNDERTAKER Stewart Memorial

ADDRESS Baltimore

Spec.—1-30—M. & T.—250 Bks.

E 66206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66206

CERTIFICATE OF DEATH.

X 87001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. U. M. Hospital ST., 17-49 WARD)

2-FULL NAME Mrs Alma M. Portner

(a) RESIDENCE NO. 3333 N. Charles St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm Robert Koehler

6 DATE OF BIRTH (month, day, and year) July 10, 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	7	21/23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Robert Portner (B)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Valer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Switzerland

14 Informant: Hospital records
(Address): City

15 Filed ....., 19 ..... H. HAUBEN JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/3/31

17 I HEREBY CERTIFY, That I attended deceased from 2/28/31, 19..., to 3/3/31, 19...,
that I last saw her alive on 3/3/31, 19...,
and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage [redacted]

(duration) ....yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Malignant Hypertension

(duration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis W Gluck, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington DC

DATE OF BURIAL: 3/3/ 19 31

20 UNDERTAKER: Stewart Moravitz

ADDRESS: Baltimore

Spec.—9-30—A. & Co.—250 Bks.

E 66207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 66207

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Calvertor Heights Av ST. 19-69 WARD)

2. FULL NAME Julius Kleschies

(a) RESIDENCE No. 2522 Calvertor Heights Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	3 —	19 —	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor. 8

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Wiechenberg
(Address) 2522 Calvertor Heights

15 Filed ..... 19..... G. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1931, to Mar 1, 1931

that I last saw h alive on March 1, 1931

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

3/3, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 3-4 1931

20 UNDERTAKER: David Taylor

ADDRESS: 916 Pa ave

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66208

183 E 66208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier # 3- Light St. 22-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME RUDOLF RICHTER

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE: Years 37 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mr. John C. Kump

(Address) 337 St. Paul Street

15 Filed 3 1931 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Post acc Drowning

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

Duration yrs. mos. ds.

Mar 3/31 (Signed) J. C. Clades M. D. (Coroner)

, 19 (Address) 143 W Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's 5th Ref. Ch. Cem. Date of Burial: Mar. 4, 1931

20 UNDERTAKER: Henry Sander & Sons. Inc. ADDRESS: BALTIMORE ST. & BROADWAY

OF DEATH in plain terms, so that it may be properly classified. Place stamps on back of certificate. very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

245880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66209

95-01 E 66209

CERTIFICATE OF DEATH

83132

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... WARD) .....

2. FULL NAME Catharine Ryan

(a) RESIDENCE No. 1626 S Charles St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20-1925

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Md

PARENTS
10. NAME OF FATHER Thomas Ryan
11. BIRTHPLACE OF FATHER (city or town) (State or country) Md
12. MAIDEN NAME OF MOTHER Martha Sheedenan
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14. Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15. Filed ..... 1931 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 2-1931

17. I HEREBY CERTIFY. That I attended deceased from Feb 25, 1931, to March 2, 1931 that I last saw her alive on March 2, 1931 and that death occurred, on the date stated above, at 6 50 p m.

CAUSE OF DEATH was as follows:
Rheumatic Heart Disease

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? yes
What test confirmed diagnosis? Physical Findings
(Signed) Ann E Kittner M. D.
..... 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery
DATE OF BURIAL 3/5/1931

20. UNDERTAKER Wm Cook
ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66210 133 E 66210

CERTIFICATE OF DEATH

REGISTERED NO. 627

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugenia Bauder

(a) RESIDENCE NO. 620 North Rubsam St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 4, 1867

7 AGE: Years 63 Months 4 Days 28 IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wilson L. Garitee

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Kenna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Hospital Records.

(Address)

15 Filed ____ 19____ C. HUMPSON JONES, M. D. Registrar

Per WRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 3-2-1931

17 I HEREBY CERTIFY, That I attended deceased from 2-3, 1931, to 3-2, 1931, that I last saw her alive on 3-2-31, 19____, and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows: Peri nephritic abscess

(duration) yrs. 2 ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Robert Carmichael, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

Date of Burial 3/5/ 1931

20 UNDERTAKER Wm. Lyle R.S.

ADDRESS 217 N. Paul St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 3 1931

Spec.—9-30—A. & Co.—250 Bks

E 66211

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-005 E 66211

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward 16-27

2 FULL NAME George M. Frazier

(a) RESIDENCE NO. 626 N. Fulton Ave. (Usual place of abode) St. ..... Ward ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ..... ds. ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unemployed

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Crozier

13 BIRTHPLACE OF MOTHER (city or town) Phila. (State or country) Pa.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 1931 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-31

17 I HEREBY CERTIFY, That I attended deceased from 12-10-30, 19..., to 3-2-31, 19... that I last saw him alive on 3-2-31, 19... and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

3-3, 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 3/5 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

ATTENTION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks. Richardson 112 W. 25th St

E 66212 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-8 E 66212

CERTIFICATE OF DEATH

1 PLACE OF DEATH

City of BALTIMORE: (No. 1226 E. Biddle 10-14 (Hospital or Ward)

REGISTERED No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fannie B. Krebs

(a) RESIDENCE No. 1226 E. Biddle ST., ____ WARD ____ (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~How long?~~ (or) WIFE of Edward N. Krebs

6 DATE OF BIRTH (month, day, and year) About 1865

7 AGE: Years About 66; Months 0; Days 0; If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Samuel N. Wildersoe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Capel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs E. Shelly (Sister) (Address) 111 E. 24th St

~~3-1931~~ C. HARRISON JONES, M. D.

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2nd 1931

17 I HEREBY CERTIFY, that I attended deceased from Feb 19 31 to Mar 2 31 that I last saw h er alive on Mar 2 31 and that death occurred, on the date stated above, at 11 30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Sudden

(Duration) ____ hrs.

CONTRIBUTORY (secondary or antecedent causes) Arteriosclerosis & Chronic Myocarditis

(Duration) ____ yrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L E Richardson M.D.

Feb 19 31 (Address) 112 W 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinksburg Md Cemetery

DATE OF BURIAL: 3/5/ 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 66213

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 E 66213

CERTIFICATE OF DEATH

23-34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ..... WARD)

2-FULL NAME Mary C. Brown

(a) RESIDENCE No 1703 Patapsco ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. C. Brown

6 DATE OF BIRTH (month, day, and year) Jan 1/1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Conrad Handertnark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Cora M. Fridinger
(Address) Monkton, Md.

15 Filed ....., 192 .....

J. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia
(Accidently fell off City Pier(Bdwy) onto scow-Jan 10/31 fractured left femur (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Ruth, M. D. Coroner

2/3/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Gilard Cemetery

DATE OF BURIAL 3/4 1931

20 UNDERTAKER Wm Corb

ADDRESS 1717 St Paul

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks. Coroner Francis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66214

CERTIFICATE OF DEATH

210-001 ✓ E 66214

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital St., 21-29 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Joseph McGuire

(a) RESIDENCE NO. 1132 Cleveland St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lillian M. McGuire

6 DATE OF BIRTH (month, day, and year) June 18th 1880

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
50	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Street Car
(c) Name of employer United Railway

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James McGuire

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) New Foundland

12 MAIDEN NAME OF MOTHER Ellen Hopkins

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Lillian McGuire
(Address) 1132 Cleveland St

15 Filed ....., 19.... R. HUGHES JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and knocked down by moving auto after leaving standing street car (A)

C. C. (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) C. C. Fract Femur & Fibula
Possible Fract Skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lloyd, Hughes & Bentley

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Hamm, M. D.

3/3 1931 (Address) 2439 Mt Edney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/5 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 1931

1-30—M. & T.—100 B—50L

E 66215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66215

CERTIFICATE OF DEATH

X 210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Jos Hosp ST. 9-17 WARD)

2-FULL NAME John Gall

(a) RESIDENCE NO White Marsh Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Farm work
(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Gall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Amelia Dohma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Elizabeth Dresbach
(Address) 1637 Hilton st

15 Filed MAR 3 - 1931, 192 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Poplar Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Frank, M. D. Coroner

3/3, 1931 (Address) 739 N Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 3/4/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

TION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

E 66216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66216

93-003

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 E. Federal St. ST.) 6-17 (WARD)

2. FULL NAME Jacob G. Panetti

(a) RESIDENCE No. 1623 E. Federal St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie G. Panetti

6 DATE OF BIRTH (month, day, and year) Jan 12, 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ernest F. Panetti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Bottomer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie G. Panetti
(Address) 1623 E. Federal St.

15 Filed ..... H. MELVIN JONES, M. D. Registrar

MAR 4 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1931

17
I HEREBY CERTIFY, That I attended deceased from 1-1- 1929, to 3-2- 1931
that I last saw him alive on 2-20- 1931
and that death occurred on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis
chronic arteriosclerosis
Hypertension -
(duration) 2 yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation -
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George Abner Barden M. D.

3/3/1931 (Address) 1517 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Mar 5 1931

20 UNDERTAKER Chenowith & Son

ADDRESS 3615 Chestnut

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66217

CERTIFICATE OF DEATH

46 E 66217

REGISTERED No. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W 38th St. ST. WARD)

2 FULL NAME Anna R. Parker

(a) RESIDENCE No. 920 W 38th St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel C. Parker

6 DATE OF BIRTH (month, day, and year): May 4, 1860

7 AGE: Years: about 70 Months: 9 Days: 29 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Nellie Taylor
(Address) 920 W 38th St.

15 Filed ..., 19... Registrar

MAR 4 - 1931 HAWSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1931, to Mar 3, 1931, that I last saw he alive on March 3, 1931, and that death occurred, on the date stated above, at 6 40 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malignant Liver & Gall Bladder (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Irvin F. Kelly M. D.

3/3 1931 (Address) 608 Somerset Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem.

DATE OF BURIAL: Mar 6, 1931

20 UNDERTAKER: Chenoweth Son

ADDRESS: 3615 Chestnut Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66218 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66218

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. ST. 12-54 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chester McSellan Pyle

(a) RESIDENCE No. 2620 Huntingdon Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 1 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) ——

5a If married, widowed, or divorced HUSBAND of or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) March 5, 1929.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 one	11	26 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Md. — ?

PARENTS

10 NAME OF FATHER Howard C Pyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Beulah Mae Ensor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Beulah Pyle

(Address) 2620 Huntingdon Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/31

17 I HEREBY CERTIFY, That I attended deceased from 3/2/31, 1931, to March 3, 1931, that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous ~~Meningitis~~ Pulmonary

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningitis, Tuberculous

(duration) - yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home - 2620 Huntingdon Ave.

Did an operation precede death? No Date of ——

Was there an autopsy? yes

What test confirmed diagnosis? Spinal Puncture, ~~[illegible]~~

(Signed) Jesse S. Fidler, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL G. F. Mace Hampton

DATE OF BURIAL Mar 5, 1931

20 UNDERTAKER Charles D. Ensor

ADDRESS 3600 Chestnut Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66219

CERTIFICATE OF DEATH

51

E 66219

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Prudent Hospital St. 1726 Ward)

2. FULL NAME Harry Crofton

(a) RESIDENCE No. 705 Harlem Av St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 17

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles Crofton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Leland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Robt. Crofton
(Address) 705 Harlem Av

15 Filed MAR 4 - 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/31

17 I HEREBY CERTIFY, That I attended deceased from 6-16 19 30, to 3-1 19 31

that I last saw b... alive on 3-1 19 31

and that death occurred, on the date stated above, at 11¼ a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Butler M. D.

3/3 1931 (Address) 425 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Conas Wharf Va — DATE OF BURIAL 3/4/31 19

20 UNDERTAKER Isaiah L. Brown & Son — ADDRESS 108 W Monument

N. B.—WRITE PL... information ... CAUSE OF ... TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66220

118

E 66220

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 216 S. Collington Avenue St., 1-3 Ward)

2-FULL NAME John L. Graham

(a) RESIDENCE NO. 216 S. Collington Avenue St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Graham

6 DATE OF BIRTH (month, day, and year) December 26, 1876

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
54	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fitter
(b) General nature of industry, business, or establishment in which employed (or employer) National Casket
(c) Name of employer Company

9 BIRTHPLACE (city or town) .....
(State or country) New York N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Mrs. Margaret Graham
(Address) 216 S. Collington Avenue

15 Filed ..... 19.. C. HAYDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1921

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cross of Bile
AC Indigestion

..... (duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) AC Cardiac Dil

..... (duration) ..... yrs. ..... mos. — ds.

18 Where was disease contracted — If not at place of death? —

Did an operation precede death? — Date of —

Was an autopsy? —

What tests confirmed diagnosis? History

(Signed) ..... M. D.

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3-5 1921
20 UNDERTAKER	**ADDRESS**
Albert L. Hilt	1406 Chester Street

OF DEATH in plain terms, so that it may be properly classified. Exact statement is important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-OF E 66221

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2602 Rogers Ave. St. 17-55 WARD

2. FULL NAME Debora Baker

(a) RESIDENCE NO. 2602 Rogers Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 3 1865

7 AGE: Years 65 Months 7 Days 17 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: Charles H Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Deborah Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mishachel Baker
(Address) 2602 Rogers Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1930, to March 2, 1931

That I last saw her alive on March 2, 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo and Myocarditis

(duration) 4 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of?

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Porter M. D.

, 19 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Mar 5 1931 DATE OF BURIAL

20 UNDERTAKER: D S Marshall ADDRESS 3539 Falls Rd

R 4 - 1931 C. HAMILTON JONES, M. D.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66222 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66222

91-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 209 N Amity ST. 18-26 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Jackson

(a) RESIDENCE NO. 209 N Amity ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Bailey

6 DATE OF BIRTH (month, day, and year) — — 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Servant

(b) General nature of industry, business, or establishment in which employed (or employer) — 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Senda Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm Jackson
(Address) 209 N Amity St.

Filed MAR 4 - 1931, 19 HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 12 31, to March 3 1931, that I last saw her alive on March 2, 1931, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Sub Acute Bacterial Endocarditis

(duration) ....yrs. 2 mos ? ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. F. Neville M. D.

3/3/, 1931 (Address) 601 N Carrollton Cty

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 4, 1931

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Schroeder St

Spec.—1-30—M. & T.—250 Bks.

E 66223 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66223

82-601

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1911 D.T.V. Ave ST., 11-20 WARD)

2-FULL NAME Martha C. Hale

(a) RESIDENCE NO. 1911 D.T.V. Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bruce Hale

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Poland Md.

PARENTS

10 NAME OF FATHER James Roy Whittington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Myra Burton
(Address) 1911 D.T.V. Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/31

17 I HEREBY CERTIFY, That I attended deceased from 3/1/31, to 3/1/31, that I last saw h. alive on 3/1/31, 19..., and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) High Blood Pressure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Gill M. D.

3/8/31, 19 (Address) 904 Mond. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Auburn Cem. DATE OF BURIAL 3/4 19 31

20 UNDERTAKER Samuel Hensley ADDRESS 508 N. Eutaw

1931 C HAMPSON JONES M.

Spec.—1-30—M. & T.—250 Bks.

E 66224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66224

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Thomas Robinson

(a) RESIDENCE No. Lynchburg, Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lena Bonds

6 DATE OF BIRTH (month, day, and year) March 20, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A.B. Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) seaman

(c) Name of employer Sch. Purnell F. White

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Green Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Lampkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 28, 19 31, to March 2, 19 31, that I last saw him alive on March 2, 19 31, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:
Pneumonia, Lob

(duration) ..... yrs. mos 8 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab. findings

(Signed) Gordon A. Abbott, M. D.
3/2, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Usbury Cem.

DATE OF BURIAL 3-4, 19 31

20 UNDERTAKER Byron Wright

ADDRESS 1218 McCulloh St

Spec.—9-30—A. & Co.—250 Bks.

D 46018 — 66225

HEALTH DEPARTMENT—CITY OF BALTIMORE

66225

CERTIFICATE OF DEATH

161-002

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2 FULL NAME Erma Jenkins

(a) RESIDENCE No. 1637 Edmondson ST. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 19-1931

7 AGE: Years — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Clarence Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Car

12 MAIDEN NAME OF MOTHER Edith Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant JOHNS HOPKINS HOSPITAL (Address) Records —

15 Filed MAR 4 - 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar - 2 - 31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1931, to Mar. 2, 1931 that I last saw her alive on Mar. 2, 1931 and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

Septicemia + internal hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Robert O. Y. Warner M. D.

3/3. 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: 3/4 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Preston ST

FROM is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

66226

HEALTH DEPARTMENT—CITY OF BALTIMORE

5 2 E 66226

CERTIFICATE OF DEATH

1—PLACE OF DEATH Home for Incurables REGISTERED NO. 1355

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 46th St + Keswick ST. 3rd WARD)

2—FULL NAME Mrs. Laura V. Hanner

(a) RESIDENCE NO. Home for Incurables WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley C. Hanner.

6 DATE OF BIRTH (month, day, and year) Dec. 5-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Elijah Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Louisa Benson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records.

(Address)

15 Filed 4 1931 HARRY S. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1930, to Mar. 3rd, 1931, that I last saw her alive on Mar. 3rd, 1931, and that death occurred, on the date stated above, at 6.10 P.m.

The CAUSE OF DEATH* was as follows:

Senility – Generalized Arteriosclerosis –

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Sub-acute dissecting cellulitis (lumbar region) (duration) – yrs. 2 mos. – ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) V. V. B. Mayo, M. D.

3/3, 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Mar 6 1931

20 UNDERTAKER Wm J Pickner Sons

ADDRESS North & Pa

Spec.—1-30—M. & T.—250 Bks.

E 66227 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-001 E 66227

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 522 N Monroe ST. 14-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Grandt

(a) RESIDENCE NO. 522 N Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Chas A C Grandt

6 DATE OF BIRTH (month, day, and year): Jul 13 1858

7 AGE: Years 72 Months 7 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Frederick Michel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Haas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Katharine Engerman
(Address) 522 N Monroe St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 31 31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 19 31, to Mar 3, 19 31, that I last saw he alive on Mar 3, 19 31, and that death occurred, on the date stated above, at 10-10 p.m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. L. Meyer Dr, M. D.

4/4, 19 31 (Address) 1500 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: Mar 6 1931

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans

A. G. HAWKS & JONES, M.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66228

E 66228

CERTIFICATE OF DEATH

REGISTERED NO. 151

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12 N. Ellwood Ave ST., 6th WARD)

2—FULL NAME Janice N. Dawson

(a) RESIDENCE NO. 12 N. Ellwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jan 18-1931

6 DATE OF BIRTH (month, day, and year): Jan 19 1931

7 AGE: Years — Months: 1 — Days: 14 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George P. Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Secretary Md

12 MAIDEN NAME OF MOTHER: Myrtle E. Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Myrtle E. Payne
(Address) 12 N. Ellwood Ave

15 Filed ..... 19.. C. HAMILTON JONES, M. D. Registrar

4 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1931

17 I HEREBY CERTIFY That I attended deceased from Jan 19, 1931, to March 3 1931, that I last saw her alive on March 3, 1931 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Spinal Paralysis

(duration) ....yrs ....mos. ....ds.

CONTRIBUTORY (Secondary): Meningitis

(duration) ....yrs ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Fellow, M. D.

3-3, 1931 (Address) 315 S Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Mar 4 1931

20 UNDERTAKER: D. Luke Ulrich

ADDRESS: 2008 Williams

Spec.—1-30—M. & T.—250 Bks.

E 66229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160 E 66229

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. ..... WARD) 15-58

2-FULL NAME Baby Boy Eisenberg

(a) RESIDENCE No. 2922 Fellman ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 26. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sinai Hospital
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry U Eisenberg

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Bessie Berenek

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md
(State or country)

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

4 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 · 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931 to March 2, 1931, that I last saw him alive on March 2, 1931, and that death occurred, on the date stated above, at 9 4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary) Premature

(duration) ..... yrs ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Archibald Robert Colman M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: 3/4/31 19

20 UNDERTAKER: S. Levinson Bro.

ADDRESS 1127 E Balto. St

Spec.—1-30—M. & T.—250 Bks.

E 66230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66230

131

CERTIFICATE OF DEATH.

REGISTERED NO. 22448

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH Notre Dame College

CITY OF BALTIMORE: (No. Charles Street Ave. ST. 27th WARD)

2-FULL NAME Rev. Francis Pennington Mackall

(a) RESIDENCE No. Charles Street Ave. ST., 27th WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14, 1853

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Leonard Mackall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgetown, D.C.

12 MAIDEN NAME OF MOTHER Frances Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot County, Md.

14 Informant Sisters of Notre Dame (Address) Charles Street Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Mar 3, 1931, that I last saw him alive on Mar 3, 1931, and that death occurred, on the date stated above at ....m.

The CAUSE OF DEATH* was as follows

Myocarditis, Heart Block

Arteriosclerosis

(duration) ....yrs ....mos ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Nephritis

(duration) ....yrs ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 3201 47th St. [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notre Dame Convent Yard

DATE OF BURIAL Mar 6th 1931

20 UNDERTAKER Henry W. Jenkins Bonsal

ADDRESS McCulloh & Richard Sts.

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.

HORACE C. HAWES JONES, M. D.

Spec.—2-29-28—L. F. S.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66231

106-002

CERTIFICATE OF DEATH

REGISTERED NO. E 66231

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 S Parish ST. 14-28 (WARD)

2—FULL NAME Mary Brose

(a) RESIDENCE NO. 311 S Parish ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6 DATE OF BIRTH (month, day and year) Feb 2-1853

7 AGE 78 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry business, or establishment in which employed (or employer): at home

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Mozer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorst Pence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frank G. Bee

(Address) 317 Lombard St

15 Filed 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 3/3/31

17 I HEREBY CERTIFY, That I attended deceased from August 20 1930 to March 3, 1931, that I last saw h[illegible] alive on March 2, 1931 and that death occurred on the date stated above at 6 a.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Telford Dorr, M. D.

3/8, 19 31 (Address) 1[illegible] West Blod

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemt

DATE OF BURIAL: 3/5/31, 19

20 UNDERTAKER: Leo Leimbach

ADDRESS: 520 N Gilmor Co

Spec.—9-30—A. & Co.—250 Bks.

122 W. Sec St
Dr Walter Franklin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66232

CERTIFICATE OF DEATH

107-001 E 66232

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 120 S Jasper St. WARD) 4-30

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louise Nelson

(a) RESIDENCE No. 120 S. Jasper ST., WARD ..... (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: C

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1930 Sept 1

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	—	6	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10. NAME OF FATHER Walter Nelson

11. BIRTHPLACE OF FATHER (city or town) (State or country) S C

12. MAIDEN NAME OF MOTHER Jessie Williams

13. BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14. Informant Jessie Nelson (Address) 120 S Jasper St.

15. Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 3-1931

17. I HEREBY CERTIFY That I attended deceased from Mar 7 1931 to Mar 3, 1931 that I last saw her alive on Mar 3, 1931 and that death occurred on the date stated above, at 9 30 p m.

The CAUSE OF DEATH* was as follows

Acute Bronchial Pneumonia
Primary —

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Universal Clinic

(Signed) Wm Franklin M. D.

(Address) 1111 W Sec St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: 3/4/31

20. UNDERTAKER: Robert Williams — ADDRESS: 1515 McElderry

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 662[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 56233

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-2 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lorey Fields

(a) RESIDENCE No. 206 W. Preston St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	M

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Sebastian Fields

6 DATE OF BIRTH (month, day, and year) 1902 Sept 6

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
28	1902	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Charles Brodie

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Suzy Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Sebastian Fields
(Address) 206 W Preston St

15 Filed ....., 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 1931, to 3-1, 1931 that I last saw ~~him~~ alive on 3-28, 1931 and that death occurred, on the date stated above, at 3½ a.m.

The CAUSE OF DEATH* was as follows:

Post-Partum Eclampsia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler M. D.

3/3, 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norlina N C

DATE OF BURIAL: 3/4/31, 19

20 UNDERTAKER: Robert E. Williams

ADDRESS: 1515 McElderry St

TION is very important. See instructions on back of certificate.

HAMPSON JONES, M.

4 1931

Spec.—9-30—A. & Co.—250 Bks.

E 66234

E 66234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-27 Ward 121 v)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Zenie Hearn

(a) RESIDENCE No. 602 Gilmor St. ..... Ward .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 36 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Fairfield Md.

PARENTS
10 NAME OF FATHER: George Hearn
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Margaret Brooks
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address): Belto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-31

17 I HEREBY CERTIFY, That I attended deceased from 12-10-30, 19..., to 3-2-31, 19...
that I last saw he alive on 3-2-31, 19...
and that death occurred, on the date stated above, at 8:45 P m.
The CAUSE OF DEATH* was as follows:
Appendiceal abscess
(duration) yrs. 3 mos. ..... ds.
CONTRIBUTORY (Secondary) Peritonitis
(duration) yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? home
Did an operation precede death? yes Date of 12-14-30 2-23-31
Was there an autopsy? yes
What test confirmed diagnosis? clinical exam.
(Signed) Fred M. Duckwall M. D.
19 (Address) Belto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: 3/6/31
20 UNDERTAKER: Robert E. Williams — ADDRESS: 1515 McElderry St

TION is very important. See instructions on back of certificate.

MAR 4 - 1931 HARRISON JONES M.D. Registrar

Spec.—8-30—A. & Co.—250 Bks.

E 66235 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66235

CERTIFICATE OF DEATH.

107-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2665 Penna. Ave. St. 16-22 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gean Carol Snyder

(a) RESIDENCE No. 808 N. Monroe St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Jan. 9/31

7 AGE: Years ..... Months 1 Days 23 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John C. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Maud C. Gosnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John C. Snyder
(Address): 2665 Penna. Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 19 31, to 3/4, 19 31 that I last saw him alive on 3/3, 19 31 and that death occurred, on the date stated above, at 3 04 o'clock

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hartsuch M. D.

3/4 19 31 (Address) 2 E Randolph

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: 3/5/31 19

20 UNDERTAKER: Philip Henrig

ADDRESS: 2016 Orleans St

TION is very important. See instructions on back of certificates

Spec.—1-12-23—M&T—500 Blks.

E 66236

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 66236

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433- Christian ST. 20-69 WARD)

2-FULL NAME Agnes- Z. Malchester

(a) RESIDENCE No. 2433- Christian ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apl 23/1888

7 AGE Years 41 Months 10 Days 8 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Malchester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Angela Kampke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Angela Malchester
(Address) 2433 Christian St

15 Filed 4-1931 19 H. Hunter Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 1930, to March 3 1931, that I last saw her alive on March 3 1931, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Hypertensis - Cardiac Failure
Bronchitis Acute
(duration) Unk mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert C. Nickel, M. D.

(Address) 2151 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Mar 7 1931

20 UNDERTAKER Harry R. Armacost — ADDRESS 4204 Ridgewood Ave

THIS is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

244390

Surg. E 66237.

✓ E 66237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 79 ..... WARD)

2-FULL NAME Herman Mendelsohn

(a) RESIDENCE No. 579 George St., New Haven, Conn. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1907

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
24	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager of Store

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER Isaac Mendelsohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sara Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 4 1931, 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 4 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Mar 4, 1931 that I last saw him alive on Mar 4, 1931 and that death occurred, on the date stated above, at 3 50 a. m. The CAUSE OF DEATH* was as follows:

Chronic Ulcerative Colitis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? New Haven.

Did an operation precede death? Yes Date of Feb. 25

Was there an autopsy? Yes Pathologic

What test confirmed diagnosis? Autopsy

(Signed) A. M. Fisher M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Haven Conn

DATE OF BURIAL: 3/4/31, 19

20 UNDERTAKER: Joseph Ahearn

ADDRESS: 221 Bway

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66238

E 66238

CERTIFICATE OF DEATH.

131

8-46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3007 Erdman Ave., Baltimore ST., 27th WARD)

2-FULL NAME Joseph Warren Letts

(a) RESIDENCE NO. 3007 Erdman Ave., Baltimore ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen D. Kirkwood

6 DATE OF BIRTH (month, day, and year) June 11, 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

PARENTS

10 NAME OF FATHER James Van Buren Letts

11 BIRTHPLACE OF FATHER (city or town) Phila. (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Caroline Sweeten

13 BIRTHPLACE OF MOTHER (city or town) New Jersey (State or country)

14 Informant Mrs. Joseph Letts (Address) 3007 Erdman Ave., Baltimore

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1930, to March 3, 1931, that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 12:24P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis with Hypertension

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) One hour yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Wilkinson, M. D.

3/3, 1931 (Address) A. L. Wilkinson, 5713 Belair Rd., Haspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL March 1931

20 UNDERTAKER W M Couteau — ADDRESS 2238 N Monte

CAUSE OF DEATH in plain language on back of certificates. See instructions on back of certificates.

TION is very important

C. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

66239 HEALTH DEPARTMENT—CITY OF BALTIMORE 66239

CERTIFICATE OF DEATH.

15-21 82

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1940 Ridgehill Avenue ST. WARD)

2 FULL NAME Margaret Fassdorf

(a) RESIDENCE NO. 1940 Ridgehill Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Louis Fassdorf

6 DATE OF BIRTH (month, day, and year): March 24, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Michael Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Old Hesson Darmstadt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. John Louis Fassdorf
(Address) 320 E. 25th St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1930, to Mch 2nd, 1931, that I last saw her alive on Mch 2nd, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, brain hem. Right Hemiplegia, Endarteritis of right leg.

(duration) yrs. mos. 7 ds. 21

CONTRIBUTORY (Secondary) Gangrene of right leg of mil trophic origin (duration) yrs. mos. 10 ds. Exhaustion

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Smith M. D.

3/3. 1931 (Address) 1605 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar. 5th 19 31

20 UNDERTAKER: Joseph H. Cook

ADDRESS: 1003 West Baltimore St.

TION is very important. See instructions on back of certificates.

4-1931 C. HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 66240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66240

93-003

CERTIFICATE OF DEATH

27-55

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3513 Belvidere ST. WARD)

2—FULL NAME George W. Wesley

(a) RESIDENCE NO. 3415 Rogers ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Wesley

7 DATE OF BIRTH (month, day, and year) July 9 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Officer at Race Track

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Wesley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Sarah C. Wesley
(Address): 3941 Belmont Ave

15 Filed 4 1931 19 C. HAMPSON JONES, M. D.
By: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 3 1931, to Mch 4 1931, that I last saw him alive on Mch 3 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Ok. Coroner Thomas

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? (Clinical) Saw patient only once

(Signed) Charles J. McCully, M. D.

, 19 (Address) 5776 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 3/5 1931

20 UNDERTAKER: D. F. McCully

ADDRESS: 130 E Fort

Spec.—1-30—M. & T.—250 Bks.

E 66241 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66241

CERTIFICATE OF DEATH.

x 131

28-63

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. ..... WARD)

2-FULL NAME Richard T. McHale

(a) RESIDENCE No. Ridgewood Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. unknown mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
72	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) farm

(c) Name of employer unknown

9 BIRTHPLACE (city or town) unknown
(State or country) W. Virginia

PARENTS

10 NAME OF FATHER Pat. McHale

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Lahey

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Ireland

14 Informant Mt Hope Friends
(Address) Mt Hope Retreat

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1929, to March 3, 1931, that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Arterio Sclerosis

unknown (duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Psychosis with Arterio-Sclerosis (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wallace Pitts, M. D.

3/3, 1931 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn N. Y.

DATE OF BURIAL Mar 5 1931

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

C. HARRISON JONES, M.

Spec.—1-30—M. & T.—250 Bks.

E 66242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66242

CERTIFICATE OF DEATH.

x 59

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 4-30 WARD)

2-FULL NAME James M. Monford

(a) RESIDENCE NO. 7 Wentworth Ave ST., Catonsville COUNTY

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or divorced HUSBAND of or) WIFE of: Stella Marie Norford

6 DATE OF BIRTH (month, day, and year): Feb 16, 1889

7 AGE: Years 42 Months 10 Days 16 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): Balt Co.

(c) Name of employer: Fire Dept.

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: George Norford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Maddox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. G. M. Norford

(Address) 7 Wentworth Ave. Catonsville

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 2/23/31, 19..., to 3/4/31, 19..., that I last saw him alive on 3/4/31, 19..., and that death occurred, on the date stated above, at 7 55 A m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, emphysema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ~~Out of Home~~

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical course

(Signed) Geo. J. Snoop, Jr. M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL: May 8, 1931

20 UNDERTAKER: C. Easton Jones

ADDRESS: Ellicott City

TION is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

E 66243

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 66243

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1623 W. Fawn ST., 16-23 WARD)

2—FULL NAME Baby Henson

(a) RESIDENCE NO. 1623 W. Fawn ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 2/26/31

7 AGE: Years ..... Months ..... Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Marie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mother
(Address): 1623 Fawn St

15 Filed ..... 1931 C. HAWSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/3/31

17 I HEREBY CERTIFY, That I attended deceased from 2/26, 1931, to 3/3/31, 1931, that I last saw him alive on 3/2/, 1931, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary)

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. B. Hurst Lin, M. D.
3/4/, 1931 (Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 4 - 1931

20 UNDERTAKER: Commissioner Health.

ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 66244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 42-50 WARD) 91

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bergman

(a) RESIDENCE No. 2215 N. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 15 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE: Years abt 34 Months ..... Days ..... If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept. Mgr.

(b) General nature of industry, business, or establishment in which employed (or employer) May Co.

(c) Name of employer Nat. Store

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Hendrik Bergman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Paul Pee
(Address) Ridgewood N. J.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-31

17 I HEREBY CERTIFY, That I attended deceased from 1-3, 1931, to 3-3, 1931, that I last saw him alive on 3-3-31, 19.....; and that death occurred, on the date stated above, at 12.30 Noon m.

The CAUSE OF DEATH* was as follows:

Streptococcus Viridans, Subacute Bacterial Endocarditis with myocardial degeneration.

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of — stated by

Was there an autopsy? no

What test confirmed diagnosis? Blood Culture

(Signed) Lawrence A. Sena, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill.

DATE OF BURIAL 3/4/31 19

20 UNDERTAKER George J. Roth Inc

ADDRESS 1735 Hoffman

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 66245

CERTIFICATE OF DEATH

E 66245

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Md Gen'l Hosp St. 16-23 Ward

2-FULL NAME Wm F Boylan

(a) RESIDENCE NO. 1320 W Lenwood St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarissa Boylan

6 DATE OF BIRTH (month, day, and year): Aug 5 1889

7 AGE: Years 41 Months 10 Days 27 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gas
(c) Name of employer: Gas

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Frank Boylan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ida Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Clarissa Boylan
(Address): 1320 W Lenwood

15 Filed ..... 19..... C. HUMPSON JONES, M. D. Registrar

A - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm F Stafford M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bowlers Wharf Va

DATE OF BURIAL: 3-6 1931

20 UNDERTAKER: Sam'l N. Chase Gen

ADDRESS: 638 N Gilmor

OF DEATH in plain terms, so that it may be properly classified. Fill out statement of cause of death in full. Be important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66246

11-E 66246

CERTIFICATE OF DEATH.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1917 W^C Cullohill - 20 ST. (WARD)

2-FULL NAME George L. Lemon

(a) RESIDENCE No. 1917 W^C Cullohill ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Maud L. Lemon

6 DATE OF BIRTH (month, day, and year) Oct 7. 1871

7 AGE: Years 59 Months 4 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Lemon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Maud L. Lemon 1917 W. McCulloh

15 Filed 4-1931 19 C. HAMPSON JONES, M. D. Registrar 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 3 - 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 28 1931, to Mch 3 1931, that I last saw him alive on Mch - 3 - 30 - 31, and that death occurred, on the date stated above, at p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration yrs. mos. 7 ds.)

CONTRIBUTORY (Secondary) Influenza (duration yrs. mos. 10 ds.)

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. P. Phillips M. D.

Mch 4 1931 (Address) 1473 Druid Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Auburn

DATE OF BURIAL: 3-6- 1931

20 UNDERTAKER: Saml. W. Chase & Son

ADDRESS: 638 N. Gilmor

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66247 92-001 E 66247

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 428 E. 22. St., 12-50 Ward)

2-FULL NAME Mary Elizabeth Grumbine

(a) RESIDENCE NO. 428 E. 22 St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 Color or Race W.

5 Single, Married, Widowed or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-12-48

7 AGE Years 83 Months 3 Days 21 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Burwicker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Bolkey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Gary Johansen
(Address) 2216 Bondavenue

15 Filed 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jobular Disease of Heart

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) John Morrison, M. D.

3/14, 1931 (Address) 5632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL David Ridge — DATE OF BURIAL Mar. 6 1931

20 UNDERTAKER Joseph Syfer — ADDRESS 1600 W North ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

R 4 - 1931

Spec.—1-30—M. & T.—250 Bks.

E 66248

E 66248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-061

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Union Mem. Hosp ST. 7-1-29 WARD)

2-FULL NAME William Merson.

(a) RESIDENCE NO. 814 Berry St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	11	14 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ Child

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Merson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Steinbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md.

14 Informant Charles Merson

(Address) 814 Berry St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to March 4, 1931, that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (over)

(duration) ..... yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Empyemia

(duration) ..... yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical + Aspiration

(Signed) Jesse S. Tyler M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary Hampden

DATE OF BURIAL March 6 1931

20 UNDERTAKER Chenoweth & Son

ADDRESS 3615 Chestnut Ave

C. HARRISON JONES, M. D.

Registrar

Spec.—9-30—A. & Co.—250 Bks

66249 HEALTH DEPARTMENT—CITY OF BALTIMORE 3

93-1066249

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-26 ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Bell Huckabee

(a) RESIDENCE NO. 838 W. Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed ~~Married~~ ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Huckabee ?

6 DATE OF BIRTH (month, day, and year) Nov ? 3, 1845

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85 86	3	29	

8 OCCUPATION OF DECEASED Farmer

(a) Trade, profession or particular kind of work none 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Dixon Mills
(State or country) Ala.

PARENTS

10 NAME OF FATHER Richard Huckabee ?

11 BIRTHPLACE OF FATHER (city or town) Ala.
(State or country) ?

12 MAIDEN NAME OF MOTHER Margaret White ?

13 BIRTHPLACE OF MOTHER (city or town) Ala.
(State or country) ?

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ....., 19 ..... Registrar

C. HARRISON JONES, M. D.
6-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-31

17 I HEREBY CERTIFY, That I attended deceased from 3-1-31, 19..., to 3-2-31, 19...

that I last saw him alive on 3-2-31, 19...

and that death occurred, on the date stated above, at 6:35 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis chronic unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? ~~No~~ Yes.

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

3-3, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 3/6 1931

20 UNDERTAKER Frederick A. Cole — ADDRESS 1208 W. Lombard St.

NKH

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66250

CERTIFICATE OF DEATH.

E 66250

131

REGISTERED NO. 30-69

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2347 W. Lexington ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Auguste Reschke

(a) RESIDENCE. NO. 2347 W. Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Reschke

6 DATE OF BIRTH (month, day, and year) Feb 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Lohrberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Max Reschke
(Address) 2347 W Lexington St.

15 Filed R 4 1931 G. HAMPSON JONES, M. D. Registrar
By RBB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931, to March 3, 1931, that I last saw h e alive on March 2, 1931, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

(1) Chronic interstitial nephritis
(2) arterio sclerosis, hypertension

(duration) 7 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Uremia, Bronchopneumonia

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? 2347 W. Lexington St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Heustis, M. D.

, 19 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	3/5 1931
20 UNDERTAKER	ADDRESS
Fred R. Cole	1200 W Lombard

THIS SPACE IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks.

E 66251

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 66251

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 27-43 ..... WARD .....)

2. FULL NAME Mary Jane Garrett

(a) RESIDENCE No. Northern Parkway, Govans St. Rec 4456 St George Ave Govans WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Garrett

6 DATE OF BIRTH (month, day, and year) Sept. 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	63	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER ? Johnson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Reitz

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 5-1-1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-31

17 I HEREBY CERTIFY. That I attended deceased from 2-9-31, 19..., to 2-26-31, 19...
that I last saw him alive on 2-26-31, 19...
and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into spinal cord
(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Decubitus ulcers
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam; lab.

(Signed) Paul Padget M. D.

2-28 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cemetery — DATE OF BURIAL March 1931

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1726 Aisquith

TION is very important. See instructions on back of certificates.

5 - 1931

Spec.—1-30—M. & T.—250 Bks.

E 66252

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 66252

CERTIFICATE OF DEATH.

REGISTERED NO. 1521

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. WARD)

2-FULL NAME Israel Levinson

(a) RESIDENCE No. 1522 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Levinson

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor (Ladies)

(b) General nature of industry, business, or establishment in which employed (or employer) Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Levinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant I. Levins

(Address) 1439 E. Pratt St.

..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931, to March 4, 1931, that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M. L. Levin, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	3-5- 1931
20 UNDERTAKER	ADDRESS
Max Levin	1439 E. Pratt

Spec.—9-30—A. & Co.—250 Bks.

E 66253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66253

95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged and Infirm

CITY OF BALTIMORE (No. Belvedere & Greenspring ST. 27-54 WARD

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rashe Gerster

(a) RESIDENCE No. Belvedere & Greenspring ST. WARD (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 85; Months; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Sigmund Pultan
(Address) Belvedere & Greenspring

15. Filed 3-5, 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3-4-31

17. I HEREBY CERTIFY, That I attended deceased from 2-24, 1931, to 3-4, 1931, that I last saw h. alive on 3-3, 1931, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:
Ch. card. vascular disease (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. mos. 9 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. Emanuel Levin M. D.
19 (Address) Ferndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Northwood
DATE OF BURIAL 3-5-1931
ADDRESS

20. UNDERTAKER Jacob Irvin, 1439 E. Balto. St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66254

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66254

CERTIFICATE OF DEATH.

27-54 (37)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel Klavansky

(a) RESIDENCE No. Hebrew Aged Home ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bailla Klavansky

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Odd
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Klavansky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Gitta —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Lewis
(Address) 1439 E. Baltimore St.

15 Filed ....., 19.. C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 4. 31

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 4, 1931, that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at 10:55 A.m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac failure
Pulmonary edema
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Benign hypertrophy of prostate
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 3, 1931

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Max H Cohen, M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Druid Hill Park — DATE OF BURIAL 3-5 1931

20 UNDERTAKER Joe Levin, 1439 — ADDRESS E Balto St

R 5-1931

THIS IS VERY IMPORTANT. DO NOT DETACH.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66255

CERTIFICATE OF DEATH.

131 E 66255

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2320 Division ST. 13-59 WARD

2-FULL NAME Josiah Thomas

(a) RESIDENCE NO. 2320 Division ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year): Jan 6 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardener

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Chas. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary Thomas
(Address): 2320 Division St.

15 Filed ..... 19 ..... Registrar

5 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15 1931 to May 1931, that I last saw him alive on May 4 1931, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Bright's Disease

Arteriosclerosis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James A. Melvin, M. D.

19 (Address) 1303 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Co. Va.

DATE OF BURIAL: 5/8/1931

20 UNDERTAKER: Wm. H. Holland

ADDRESS: 1631 Druid Hill

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. This is very important

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66256

CERTIFICATE OF DEATH.

107-001 66256

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E. Monument ST. 7-10 WARD)

2 FULL NAME Charles Marius Gudstein

(a) RESIDENCE NO. 2229 E. Monument ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Gilson Gudstein

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Manchester
(State or country) England

PARENTS
10 NAME OF FATHER Meyer Gudstein
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia
12 MAIDEN NAME OF MOTHER Sarah Fish —
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Lewis
(Address)

15 Filed ..... 1931 Registrar

C. Harrison Jones, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-31

17 I HEREBY CERTIFY, That I attended deceased from 2-26 1931, to 3-5 1931, that I last saw him alive on 3-4 1931, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:
Primary Pneumonia
Coronary Thrombosis
(duration) yrs. 10 mos. ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Lumbar Puncture
(Signed) ..... M. D.
19 (Address) 500 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale
20 UNDERTAKER Jack Lewis

DATE OF BURIAL 3-6 1931
ADDRESS Baltimore

TION is very important. See instructions on back of certificates.

R 5-1931

Spec.—9-30—A. & Co.—250 Bks.

E 66257

HEALTH DEPARTMENT—CITY OF BALTIMORE

93003

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. E 66257

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 23-31 Ward)

2. FULL NAME William McKinley

(a) RESIDENCE NO. 1413 Olive St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weigher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed MAR 5 - 1931 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-31

17 I HEREBY CERTIFY, That I attended deceased from 8-2-23, 19..., to 3-3-31, 19..., that I last saw him alive on 3-3-31, 19..., and that death occurred, on the date stated above, at 10:45 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 7½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene, senile, both legs (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgat M. D.

2-4-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL March 6 1931

20 UNDERTAKER Margaret S. Flynn — ADDRESS 1400 Light St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 66258

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

107 E 66258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 416 Sanders ST. 24-33 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis X. Reiley Jr

(a) RESIDENCE NO. 416 Sanders ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28-1929

7 AGE Years 1 Months 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Francis X. Reiley Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine C. Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Francis X. Reiley Sr
(Address) 416 Sanders St

15 Filed ..... 19 ..... Registrar .....

-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 1931 to Mar 2 1931, that I last saw him alive on Mar 2 1931, and that death occurred on the date stated above at 3-30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs ..... mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs ..... mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. R. Campbell M. D.

3/4 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross M. E.

DATE OF BURIAL March 5 1931

20 UNDERTAKER Margaret Hyam

ADDRESS 412 Light St

THIS IS VERY IMPORTANT. PLEASE HANDLE CAREFULLY

Spec.—1-30—M. & T.—250 Bks

D 66259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66259

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 W. Mulberry ST. 17-25 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Filippa Papale

(a) RESIDENCE No. 515 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 28-1931

7 AGE: Years ..... Months ..... Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michele Papale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sadie Olascia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Michele Papale
(Address) 515 W. Mulberry St.

15 Filed MAR 5 1931 19 C. HAUGEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4-31

17 I HEREBY CERTIFY, That I attended deceased from 2-28- 1931 to 3-4- 1931, that I last saw her alive on 2-4, 1931, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:
Premature birth abt. 7 mo.
Imperforated anus
Congenitalis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) S. W. Jacobs, M. D.

3-5 1931 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 3/5 1931

20 UNDERTAKER: W. L. Deppen

ADDRESS: 300 S. Eden St.

TION is very important. Be accurate

Spec.—9-30—A. & Co.—250 Bks

E 66260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 66260

REGISTERED No. 6-68

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512. Harlem ~~ave~~ (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary. J. Vaupel

(a) RESIDENCE No. 2512. Harlem ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Vaupel

6 DATE OF BIRTH (month, day, and year) Oct 12. 1872

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
58	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Brauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Meta Behrmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs John Weyrich 3334 Eastington Ave

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3-1931

17 I HEREBY CERTIFY, That I attended deceased from November, 1930 to March 3 1931 that I last saw her alive on March 2nd 1931 and that death occurred, on the date stated above, at 7.30 A.M. The CAUSE OF DEATH* was as follows:

Carcinoma of Breast with Metastasis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ...

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 1929

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cooper M. D.

3/4, 1931 (Address) 2145 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Mar 6 1931

20 UNDERTAKER F. A. Kramer & Son

ADDRESS 703 Hamp

TION is very important. See instructions on back of certificate.

MARYLAND HUMPHREY JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

66261

HEALTH DEPARTMENT—CITY OF BALTIMORE

66261

46

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Compton St. 24-33 WARD)

2. FULL NAME Edward. Aydt.

(a) RESIDENCE No. 1038 Compton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married-

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva. Aydt.

6. DATE OF BIRTH (month, day, and year): Jan 27 1866

7. AGE: Years 65 | Months 1 | Days 5 ? | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: 013

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10. NAME OF FATHER: Carl U. Aydt
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant: Eva Aydt
Address: 1038 Compton St

15. Filed ....., 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): March 4/31

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1930 to March 4, 1931.
that I last saw him alive on March 3, 1931
And that death occurred, on the date stated above, at 7:30 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma gastricae Pylorica. (duration) I dont know

CONTRIBUTORY (Secondary) Intestinal Obstruction as result of same (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

3-4, 1931. (Address) 107 East west St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross R. C. Co. — DATE OF BURIAL: 3-7 1931

20. UNDERTAKER: E. B. Harlr — ADDRESS: 115 E West St

TION is very important. See instructions on back of

AP 5 - 1931 M. LUCK JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66262

REGISTERED No. E 66262 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4318 LaSalle Ave. ST. ..... WARD 26-42 106-002

2. FULL NAME Wm. R. Morgan Adams

(a) RESIDENCE No. 4318 LaSalle Ave. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

length of residence in city or town where death occurred 83 yrs. 5 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Lena Adams

6 DATE OF BIRTH (month, day, and year) Oct. 4 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	5	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Mrs. Clara Everding
(Address) 4318 LaSalle Ave.

15 Filed MAR 5 - 1931 19 .. Lucien Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4-1931

17 I HEREBY CERTIFY, That I attended deceased from March 30 19 31 to March 3rd 19 31, that I last saw him alive on March 3rd 19 31, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH* was as follows:

Chronic Bronchitis & Infirmities of Age.

Arteri - Sclerosis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Clinical

~~Where was employed (name of firm)~~ Amos R. A. Meyer M. D.
(Signed)

3/5 19 31 (Address) 10 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL March 6 19 31

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66263

464 E 66263

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S Durham 7-4 WARD)

2 FULL NAME Jozef Wisniewski

(a) RESIDENCE NO. 231 S Durham street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How Long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Catherine Wisniewski

6 DATE OF BIRTH (month, day, and year) Nov 11 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Martin Wisniewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Sophia Skoupa.
(Address) 231 S Durham st

Filed 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 2/24, 1931, to 3/4, 1931, that I last saw him alive on 3/3/, 1931, and that death occurred, on the date stated above, at 11:05 a m.

The CAUSE OF DEATH* was as follows:
Carcinoma Esophagus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel S Fisher, M. D.

, 19 31, (Address) 316 S Patterson a

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	March 7, 1931
20 UNDERTAKER	**ADDRESS**
George A. Weber	205 S. Ann st.

TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 66264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66264

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Clara A Penrose

(a) RESIDENCE NO. 149 N Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Col Chas B Penrose USA

6 DATE OF BIRTH (month, day, and year) June 5 1844

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER James Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Charles B Penrose
(Address) 5401 Greenway Balto Md

15 Filed APR 5 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 2/24, 1931, to 3/4, 1931, that I last saw her alive on 3/4, 1931, and that death occurred, on the date stated above, at 11.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with General Arterial Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile psychosis, and Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Vernon H Norwood M.D.

3/7, 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 3-6 1931

ADDRESS Richard Lane Cullen

20 UNDERTAKER Henry W. Jenkins & Sons

Spec.—9-30—A. & Co.—250 Blks.

E 66265

E 66265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. 22-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 115 N. West St. (WARD)

2. FULL NAME Mary Baker

(a) RESIDENCE NO. 115 N West ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

How long in U. S., if of foreign birth) yrs. mos. ds.

Length of residence in city or town where death occurred 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Hill Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank L. Jones (Address) 113 N. Winters St.

15 Date 3/5/31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to March 5, 1931, that I last saw h Er alive on March 1, 1931 and that death occurred, on the date stated above, at 3 AM. The CAUSE OF DEATH* was as follows:

Chronic Nephritis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H. S. McCard M. D.

3/6, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/5 1931

20 UNDERTAKER Samuel Hensley ADDRESS 178 N Eutaw

MAR 5 - 1931

See instructions on back of certificate. TION is very important.

Spec.—1-30—M. & T.—250 Bks.

E 66266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Jefferson ST., 70-69 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine C. Corcoran

(a) RESIDENCE No. 2109 Jefferson ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Corcoran

6 DATE OF BIRTH (month, day, and year): April 3/58

7 AGE: Years 72 | Months 11 | Days | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Michael Curtain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catt Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Montana Linick
(Address) 2107 Jefferson St

15 Filed MAR 5 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Mar 3, 1931, that I last saw her alive on March 3, 1931, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-myocarditis
unknown
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Fibroid Arteriosclerosis
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

March, 1931 (Address) 2006 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Harford Rd — DATE OF BURIAL: Mar 6 1931

20 UNDERTAKER: Geo M. Smith & Son — ADDRESS: 811 N Wolfe

TION is very important. See instructions on reverse side

1-30—M. & T.—100 B—501.

E 66267

E 66267

173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 5-8 WARD)

2-FULL NAME Juanita C. Whims

(a) RESIDENCE NO 1222 Mc Elderry St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6/1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	22 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Oscar W. Whims

11 BIRTHPLACE OF FATHER (City or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Flora B. Davis

13 BIRTHPLACE OF MOTHER (City or town) Balto., Md.
(State or country)

14 Informant Oscar W. Whims
(Address) 1222 McElderry St

15 Filed MAR 5 - 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pleuritis- Subdiaphragmatic abcess following pistol shot wound of abdomen. Homicide. (Inquest to be held later) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Feb 15/31

Was there an autopsy? yes by DR. Maldeis

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Mar 4/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery — DATE OF BURIAL Mar 5, 1931

20 UNDERTAKER Mrs. R. A. Elliot — ADDRESS 1325 Eastlandave

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66268

82-001

E 66268

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1211 Whatcoat St., 16-22 Ward)

2-FULL NAME Bernice Davis

(a) RESIDENCE NO. 1211 Whatcoat St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 13 - 1917

7 AGE: Years 13 Months 5 Days 14 20 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Va
(State or country)

PARENTS

10 NAME OF FATHER: Albert Davis

11 BIRTHPLACE OF FATHER (city or town): Va
(State or country)

12 MAIDEN NAME OF MOTHER: Lizzie Burrell

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country)

14 Informant: Albert Davis
(Address): 1211 Whatcoat St

15 Filed _____ 19____ _____ JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. Sudden mos. _____ ds.

CONTRIBUTORY _____
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) _____ M. D.

(Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Kent Co. Va

DATE OF BURIAL: 3-5 1931

20 UNDERTAKER: David Taylor

ADDRESS: 916 Pa ave

MAR 5 - 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6 ... 1

92-001 66269

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1832 Laurens St. 16-22 WARD)

2 FULL NAME Mathe Emma Forbes Holland

(a) RESIDENCE NO. 1832 Laurens ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anthony Holland

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anthony Holland
(Address) 1832 Laurens St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3, 31

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Mar 3, 1931 that I last saw her alive on Mar 2, 1931 and that death occurred, on the date stated above, at 11 50 A m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2? yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E William Frey M. D.

3/7, 1931 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-6 1931

20 UNDERTAKER Henry Eastern

ADDRESS 916 Pace

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Bks

E 66270

HEALTH DEPARTMENT—CITY OF BALTIMORE

230

E 66270

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD) 17-51

2 FULL NAME Yancy Scarboro

(a) RESIDENCE NO. 2117 Oak st. 3rd floor, (rear ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Scarboro

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Lawrence Scarboro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hattie Baringer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address) .....

15 Filed ....., 19.....

C. ... JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to March 3, 1931

that I last saw him alive on March 3, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Deane M. D.

3-3, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Park

DATE OF BURIAL 3-5 1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 66271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1108

E 66271

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Ruxice St. ST. ..... WARD)

2. FULL NAME Levi Weberlu

(a) RESIDENCE No. 711 Ruxice St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Sngl

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Gen

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Weberlu

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Serene Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Sorena Weberlu
(Address): 711 Ruxice St

15 Filed ....., 19 ..... Registrar

MAR 5 - 1931 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 31, to March 3, 31, that I last saw him alive on March 3, 31, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) J. Mollen M. D.

19 (Address) 1 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northwood Cem

DATE OF BURIAL: 3-5-1931

20 UNDERTAKER: Dennis Carter

ADDRESS: 916 Pa ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66272

93-003 E 66272

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16 Ward)

2 FULL NAME Joseph Queen

(a) RESIDENCE NO. 828 Edmondson Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Queen

6 DATE OF BIRTH (month, day, and year): ? 1869

7 AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Prince George Co. Md.

PARENTS

10 NAME OF FATHER: Daniel Queen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Priscilla Water

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ..... 19 ..... C. HUGHES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-2-31

17 I HEREBY CERTIFY, That I attended deceased from 2-24-31, 19..., to 3-2-31, 19... that I last saw him alive on 3-2-31, 19... and that death occurred, on the date stated above, at 3:10 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy.

(Signed) Paul Padget M. D.

3-4, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 3-5 1931

20 UNDERTAKER: David Eaton — ADDRESS: 916 Dec ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—601.

E 66273

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 66273

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 W. Lexington ST., 4-26 WARD)

2-FULL NAME Archibald S. Butler

(a) RESIDENCE No 723 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Nov. 7-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fire-Proofing
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portland, Me.

PARENTS

10 NAME OF FATHER John Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia, Canada

12 MAIDEN NAME OF MOTHER Jane Gollenore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia, Canada

14 Informant Mr. J. E. Morris
(Address) 723 McCaleb Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Feller Coroner, M. D.

3/5. 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL Mar 6 1931

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto. St.

TION is very important. See instructions on back of certificate.

C. HARPER JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 66274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66274

CERTIFICATE OF DEATH.

X 93-063

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD) 17-44

2-FULL NAME Charles L. Smith

(a) RESIDENCE NO. Severna Park, Md. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Poultryman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cold Run, Penn.

PARENTS
10 NAME OF FATHER Charles Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country) England
12 MAIDEN NAME OF MOTHER Eliz. Nagg
13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Union Memorial Hosp.
(Address) C. HARRISON JONES, M. D.

15 Filed ..... 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to March 4, 1931, that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Cholecystitis
(duration) One yr. mos. ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined
Did an operation precede death? Yes Date of March 3, 1931
Was there an autopsy? Yes
What test confirmed diagnosis? Operative findings
(Signed) Samuel McLanahan, M. D.
March 4, 1931 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Wilkesbarre Pa. DATE OF BURIAL Mar. 5, 1931

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Paca St.

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificate.

R 5

1-30—M. & T.—100 B—50L

E 66275

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-E 66275

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Friendly Inn ST. 22-30 (WARD)

2-FULL NAME Charles Stern

(a) RESIDENCE NO. Portable Friendly Inn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 68 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

087

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....

(Address) .....

15 Filed ..... 1931 ..... , 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. acc. Fall

Fracture of Skull

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Ex Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of — —

Was there an autopsy? No

What was confirmed diagnosis? Obs Cy

(Signed) H. C. Glades, M. D. Coroner

, 19 (Address) 143 N. Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
MAR 5 - 1931
Commissioner Health
MORGUE

TION is very important. See instructions on back of certificates.

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66276 34 E 66276

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 17-25 WARD)

2-FULL NAME Moses Watson

(a) RESIDENCE No 427 Pine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE Years 56 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....
(Address)

15 Filed ....., 192.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 427 Pine

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. E. Yates, M. D.
Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Deputy Commissioner Health

ADDRESS

MAR 5 - 1931

1931 C. HAUPSER JONES, M. D.
MORGUE

CAUSE OF DEATH IMPORTANT TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 66277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 66277

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No ..... ST. 19 WARD)

2 FULL NAME Bailey Frank

(a) RESIDENCE No. Ridgeway Ave. Fullerton Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Febr 8/31.

7 AGE: Years ..... Months ..... Days —; If LESS than 1 day, 9 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hamilton Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Johns Hopkins Hospital

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 9/31.

17 I HEREBY CERTIFY, That I attended deceased from 2-8-, 1931, to 2-9-, 1931 that I last saw him alive on 2-9-, 1931 and that death occurred, on the date stated above, at 6 43a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum & culture.

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

MAR 5 - 1931

JOHNS

Wm. H. WOODALL

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

66278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

133 E 66278

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital STREET OR WARD)

2. FULL NAME Catherine Shirley Brown

(a) RESIDENCE No. 1712 West Lombard St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daughter

6 DATE OF BIRTH (month, day, and year) July 25 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	7	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butte Mont.

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Butte Mont

12 MAIDEN NAME OF MOTHER Viola Hungerford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Butte

14 Informant Mrs Ella Brown
(Address) 1712 W. Lombard St

15 Filed 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1931 to March 3 1931

that I last saw her alive on Mar 3 1931

and that death occurred, on the date stated above, at 11 50 P.M.

The CAUSE OF DEATH* was as follows:

Pyelitis and Cystitis, Chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia +
Cardiac Dilatation (duration) ? yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Chas D. Gilpin Jr. M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cathedral

DATE OF BURIAL March 7, 1931

20 UNDERTAKER Charles R. Brown

ADDRESS 1347 E Fort Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bls

66279 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66279

CERTIFICATE OF DEATH

107-001

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-26 WARD)

2 FULL NAME John Bell

(a) RESIDENCE No. 839 Harlem St. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Lifes yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Hospital
(Address)

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1931, to 3/4, 1931

that I last saw him alive on 3/4, 1931

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J. Leyko M. D.

3/4, 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3-5 1931

20 UNDERTAKER: Jas Chas G. Bailey

ADDRESS: 1821 Jefferson St

TION is very important. See instructions on back of certificate.

G. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

66280 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66280

CERTIFICATE OF DEATH.

46

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 413 ST. WARD)

2. FULL NAME Edna Jones

(a) RESIDENCE NO. 919 N. Caroline ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 29 ?

7 AGE: Years 38 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Betty Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 5-1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17-31, 19..., to 3-1-31, 19...

that I last saw her alive on 3-1-31, 19...

and that death occurred, on the date stated above, at 7:05 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum with local metastasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical exam

(Signed) Fred M. Dunkerall M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 3-6 1931

20 UNDERTAKER: Geo. W. Skinner

ADDRESS: 1625 E. Fred st

TION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 15th DAY July

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #B 63111 Dec 9, 1930 AND

ENDING WITH #E 66280 MAR 5, 1931 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

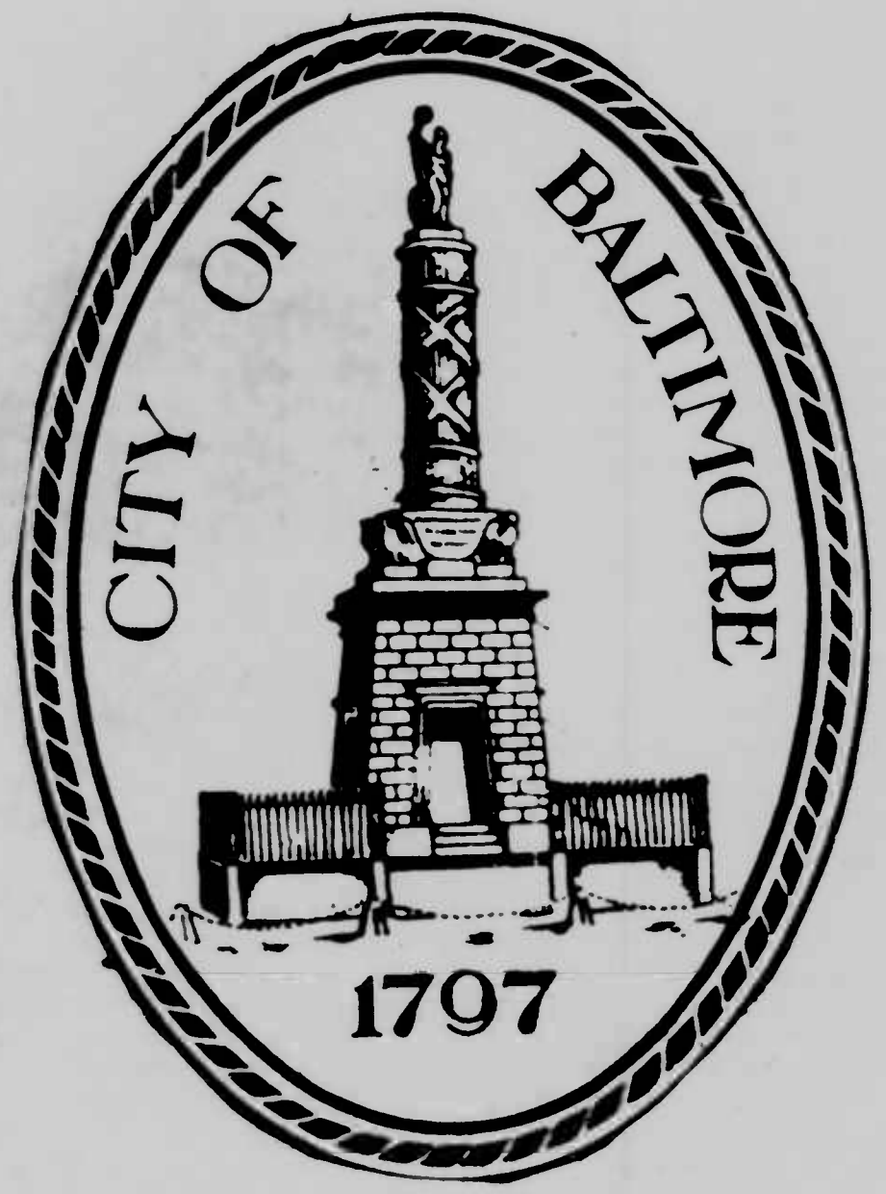
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL